PROVINCE OF PRINCE EDWARD ISLAND

DEPARTMENT

OF

HEALTH AND SOCIAL SERVICES

SECOND ANNUAL REPORT

1981 - 1982

Honourable Alfred E. Dewar, Minister

SECOND ANNUAL REPORT

DEPARTMENT OF HEALTH AND SOCIAL SERVICES

Province of Prince Edward Island
1 April 1981 to 31 March 1982

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Charlottetown
Prince Edward Island
March 31, 1982

The Honourable J. Aubin Doiron
Lieutenant Governor of Prince Edward Island

May It Please Your Honour:

I beg to submit, herewith, for your consideration the second annual report of the Department of Health and Social Services for the fiscal year ended March 31, 1982.

I have the honour to be,
Sir,
Your obedient servant,

Albert P. Fogarty
Minister of Health and Social Services

Dr. Owen Herbert Curtis

DEDICATION

It is with sincere pleasure and gratitude that we dedicate this annual report to Dr. Owen Herbert Curtis, a man respected by all who knew him . . . a man quiet in nature, sincere in interest and a man understanding the needs of others.

Born in Milton, P.E.I. in 1914, he was the son of Mr. and Mrs. Walter Curtis.

Dr. Curtis served the needs of Islanders in many ways. After he received his medical degree from Dalhousie University in 1940, he conducted a rural private medical practice in Bonshaw, P.E.I. for nine years. Then in September, 1950, after completing his post-graduate studies at the University of Toronto, Dr. Curtis was named Chief Health Officer for the Province. In 1951, in addition to his duties as Chief Health Officer, he was appointed Deputy Minister of Health. He held both these positions until his retirement in January, 1976.

The 50's and 60's was a time of great expansion of health services offered to Islanders. For example in 1951, immunization for diptheria, whooping cough and tetanus was administered to preschool children over three months of age. A new Health Centre was established in the Prince County Hospital Annex which offered services in Public Health Nursing, Sanitary Inspection, and space for clinics in Tuberculosis, Mental Health and Cancer. Dr. Curtis was concerned about the high mortality rate of children under 1 year of age and recognized the need for prenatal care and education. He was thus instrumental in the development of a Child and Maternal Health Program. A great step forward was also made in the area of Mental Health with the construction of an Active Treatment Centre to treat the mentally ill.

In 1957, a Provincial Committee was established to study the Federal Health Insurance proposals. Dr. Curtis was named Chairman of this Committee. In 1958, the Report of this Committee recommended that all Island residents be insured against the cost of hospital care and that all out-patient hospital services be included under the Plan. They also recommended that the Plan be administered by an independent Commission, and as a result, Dr. Curtis was named Administrative Director of the Interim Hospital Insurance Services Commission. This Commission was struck with the responsibility of drafting a Hospital and Diagnostic Services Insurance Act and also a new Hospitals Act. On April 1, 1959, Dr. Curtis was appointed Executive Director of the Hospital Services Commission. He held this position until his death in February, 1976. The establishment of this Commission was considered a most important health development.

In 1967, another important development occurred . . . that being the Federal Government's initiation of the Health Resources Fund. Dr. Curtis served as provincial representative on both the Atlantic Provinces and National Committees concerned with the distribution of the $500M provided to assist the cost of providing new teaching and research facilities in Canada.

Also in 1967, Dr. Curtis was named Chairman of the Ministerial Committee on Medical Care. This Committee submitted its report in 1968. Under authority of the Health Services Payment Act, residents of Prince Edward Island became entitled to payment for medical services on December 1, 1970. The program followed the recommendations of the Medical Care Committee Report. The Health Services Commission was developed to administer this Medical Care Program. In 1969, Dr. Curtis was named Executive Director of this Commission, a position he held until his death in 1976.

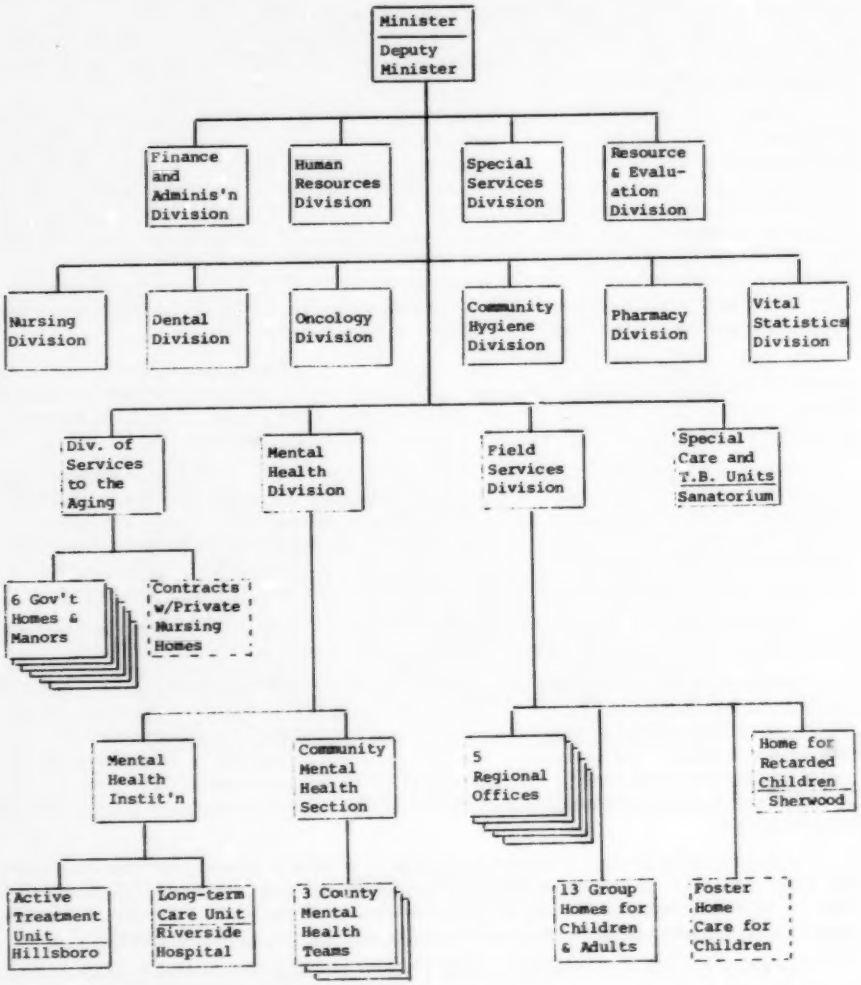
Unquestionably, Dr. Curtis is known as the Father of the Medical and Hospital Insurance system which is the integral part of this Province's health care system.

During his term of Deputy Minister of Health, Chief Health Officer, and Executive Director of the Hospital and Health Services Commissions, Dr. Curtis also served on many provincial and national committees. In 1964, he was National President of the Canadian Public Health Association. He was a member and Secretary of the P.E.I. Laboratory Council for a number of years and also a member and Secretary of the Hillsborough/Riverside Hospital Board of Governors. In 1974, Dr. Curtis was named Departmental representative on the Planning Committee of the new general Hospital (Q.E.H.)

In August, 1975, Dr. Curtis became ill and was on a leave of absence from the Department until November, 1975. He resigned his duties as Deputy Minister and Chief Health Officer, effective January, 1976. He continued his role as Executive Director of the Hospital and Health Services Commissions and also agreed to serve as Health Consultant to the Minister of Health.

In February, 1976, Dr. Curtis died. It was a tremendous loss to all Islanders and indeed all those who had the honour to work with him in other provincial/federal government circles. He continued to give himself until his death . . .always working toward the ultimate well-being of others.

DEPARTMENT OF HEALTH & SOCIAL SERVICES — PROVINCE OF PRINCE EDWARD ISLAND



DEPARTMENTAL LEGISLATION

1. Addiction Foundation Act
2. Addiction Services Act
3. Adoption Act
4. Blind Persons Act
5. Change of Name Act
6. Child Care Facilities Act
7. Children's Protection Act
8. Chiropractic Act
9. Community Care Facilities
10. Cornea Transplant Act
11. Dental Profession Act
12. Dental Student Loan and Dental Practice Establishment Loan Act
13. Disabled Persons Allowance Act
14. Dispensing Opticians Act
15. Family & Child Services Act
16. Health Services Payment Act
17. Hillsborough Hospital Act
18. Hospital and Diagnostic Services Insurance Act
19. Hospitals Act
20. Human Tissue Gift Act
21. Licensed Nursing Assistants Act
22. Marriage Act
23. Medical Act
24. Mental Health Act
25. Nurses Act
26. Old Age Assistance Act
27. Optometry Act
28. Pharmacy Act
29. Practice of Physiotherapy Act
30. Premarital Health Examination Act
31. Provincial Sanatorium Act
32. Public Health Act
33. Queen Elizabeth Hospital (Amalgamation) Act
34. Registered Occupational Therapists Act
35. Rehabilitation of Disabled Persons Act
36. Venereal Diseases Prevention Act
37. Veterinary Profession Act
38. Vital Statistics Act
39. Welfare Assistance Act
40. White Cane Act

Charlottetown
Prince Edward Island
March 31, 1982

Honourable Albert Fogarty
Minister
Department of Health and Social Services
P.O. Box 2000
Charlottetown, Prince Edward Island

Honourable Minister:

I have the honour to submit to you the second annual report for the Department of Health and Social Services for the period April 1, 1981 to March 31, 1982.

Respectfully submitted,

Keith Wornell
Deputy Minister

DIVISION OF ONCOLOGY SERVICES

D. E. Dryer, M.D., F.R.C.P.(C), Director

Purpose

The role of the Division of Oncology Services is very similar to that of the Division of Cancer Control which it replaced in title, namely, to provide consultations in oncology, follow-up on patients who have been treated for malignancy, and compilation of information on the incidence and mortality of malignant disease which is provided to Statistics Canada.

The previous Director, Dr. W. T. Hooper, retired in September, 1981, and Dr. Dagny Dryer was appointed as Director of Oncology Services. With her appointment, the scope of the Division altered to include the treatment of cancer with antineoplastic drugs and to exclude treatment with radiation within the Division. Patients who required radiation were referred to Dr. Hooper in the Prince Edward Island or Charlottetown Hospitals, or to an off-Island centre depending on the nature of the problem.

Oncology consultations and follow-up were carried out at the Provincial Health Building, Charlottetown, and the Charlottetown, Prince Edward Island, and Prince County Hospitals.

Antineoplastic treatment is generally administered as several i.v. drugs in combination on repeated occasions and requires administration by an M.D. according to local hospital regulations. Patients were treated either as outpatients or inpatients at the three hospitals mentioned above.

Number of patients seen in consultation/referral	196
Number of patient reviews	711
Number of patients receiving chemotherapy	45
- Number of treatments	128

The Division of Vital Statistics provides this Division with a monthly list of cancer deaths as recorded on death certificates. It also provides a list of all deaths in the province on a monthly basis.

The Provincial Laboratory provides this Division with copies of pathology reports, indicating the presence of malignant disease.

DIVISION OF DENTAL PUBLIC HEALTH

R.G. Romcke, D.D.S., D.D.P.H., F.R.C.D.(C), Director

Purpose

The purpose of the Dental Division is to assist Prince Edward Islanders to achieve and maintain good dental health. Major activities include the Children's Dental Care Program, the Preventive Orthodontic Program, and efforts to ensure an adequate supply of dental manpower in all areas of the province.

The Division's administration offices and the Preventive Orthodontic Clinic are located in the Sullivan Building, while four large mobile dental clinics operate in various centres throughout the province. Dental clinics are operated at the Summerside Health Centre and the St. Jean's Elementary School in Charlottetown. In addition, Preventive Dental Clinics are operated on a part-time basis in O'Leary, Tignish, Morell, Souris, Montague and Murray River.

The **Children's Dental Care Program** has as its objective, the achievement and maintenance of good dental health by all children in the province. The program commenced in 1971 with six year old children. The original plan called for the addition of one or two groups each year until all children were covered. The plan was followed until June 1, 1981, when the need for financial restraint made it necessary to postpone further expansion of the program. As a result the program now provides services to children aged 4-16 years. Children enter the program on their fourth birthday and leave on their seventeenth birthday. These program changes will have serious harmful effects on the dental health of children. Three year olds now miss the benefits of early preventive care and many seventeen year olds who have not yet become self-supporting adults, will not receive necessary dental care. Re-instatement of the program to its original plan at an early date is highly desirable.

The Children's Dental Care Program provides dental health education, preventive services and dental treatment. Services are provided in mobile and permanent Department of Health and Social Services Clinics and in private dental offices in a total of fourteen centres throughout the province. Extensive case finding and follow-up procedures are utilized to ensure that all eligible pre-school and school-aged children receive regular care beginning at an early age.

Dental Health Education is provided to parents and children in all clinics. Dental hygienists give classroom talks and demonstrations in schools and day care centres. During the year dental division staff participated in a variety of health promotional activities such as Health Fairs and Dental Health Month.

Preventive Dental Services are provided in all mobile and fixed dental clinics and in preventive clinics which operate throughout the province. In 1981-82 a total of 19,012 children received preventive services at fourteen centres.

During the year several improved preventive procedures were adopted for general use after extensive testing.

Dental Treatment - During 1981-82 a total of 20,544 children received dental treatment. Of this number, 10,723 were treated by private dentists while 9,831 were treated in Department of Health and Social Services Clinics.

The great majority of pre-school, elementary school, and junior high school children now have good dental health and require only a small amount of restorative dental treatment each year.

The **Preventive Orthodontic Program** provides preventive and interceptive orthodontic services to children covered under the Children's Dental Care Program. The objectives of the program are to provide good function and acceptable appearance using simple methods, thereby eliminating the need for complex orthodontic treatment at a later date.

This program provides services to approximately one-third of all children at one time or another. Each year 700-800 children are referred to the clinic by private dentists and clinic dentists. Two-thirds of these children are assisted with the remaining one-third having problems which are too complex for treatment with the relatively simple appliances used. Many of the latter are referred to a private orthodontist.

During the year, a total of 2,144 children attended the preventive orthodontic clinic. Of this number, 550 children were treated with orthodontic appliances.

Dental Manpower - The province has an adequate supply of dentists who are well distributed through the province. During the year a new dentist established a practice in Souris, which has been without a dentist for two years. There is also an adequate supply of dental hygienists and dental assistants in all areas of the province.

Demonstration Project - A demonstration project to assess the long term effectiveness of fissure sealants in preventing dental caries was further expanded. Fissure sealants are plastic films which are used to cover the fissures and grooves on the biting surfaces of teeth and thereby

prevent dental caries on these tooth surfaces. This project commenced in 1978 and has been expanded each year. During the present year four dentists and four dental hygienists were involved in the project. Preliminary results suggest that over 90% of children benefit from the procedure. Further study of long term benefits and costs is in progress,

Dental Health Information System - A computerized dental health information system became operational in January 1980. Further development of the system has taken place. The system provides for payment of dentists' claims and provides information for program planning, evaluation and research. It also assists in ensuring that all eligible children receive dental care on a regular basis.

SUMMARY OF PREVENTIVE SERVICES

	Number of Children	
	1980/81	1981/82
Total for 16 centres	19,413	19,012

SUMMARY OF TREATMENT SERVICES

	Number of Children	
	1980/81	1981/82
Public Health Clinics	10,027	9,831
Private Dentists	10,166	10,723
	20,193	20,554

PREVENTIVE ORTHODONTIC CLINIC

	Number of Children	
	1980/81	1981/82
Children attending	2,151	2,144
Children treated with appliances	560	550
New children assessed	737	677
Children completed	652	611

HUMAN RESOURCES UNIT

Rick Callaghan, Director

March 31, 1982 concluded the transfer of staff from Hillsborough Hospital, Labs, and Rehab to the Queen Elizabeth Hospital. The director of Human Resources represented the Department on a three man committee responsible for developing a transition package of salary and fringe benefits for the transferred employees.

The Director is responsible for Health Manpower Planning on a Federal/Provincial level and represented the province at meetings held to deal with Manpower issues for all Health occupations, and particularly with Physician Manpower and Dalhousie Medical School.

The unit was heavily involved in all personal matters in the department such as co-ordination of staffing, classification reviews, collective bargaining, staff development and training, liaison with the Civil Service Commission, Treasury Board and Executive Council. During the year the unit was involved in comprehensive staffing studies in the Field Services Division, Hillsborough Hospital and the Division of Aging in order to determine the most efficient allocation of the human resource.

PROVINCIAL SANATORIUM COMPLEX

W. R. Stewart, M.D., Director

SPECIAL CARE UNIT

Purpose

A 45 bed Special Care Unit is located in the Provincial Sanatorium Complex. It is designed for patients of all ages needing continuous medical and nursing care at a level slightly lower than a general hospital but yet offering more than a nursing home.

Patients treated in this unit exhibit a wide variety of illnesses, with malignancies, cardiovascular diseases, severe respiratory problems and severe neurological disorders being the most abundant. A wide range of services is available to patients in this unit in addition to medical and nursing care; e.g. occupational therapy, physiotherapy, speech therapy, prosthetics, orthotics, and volunteer services.

Statistics

	Special Care Unit	Chest Unit
Admissions	19	7
Discharges	7	9
Deaths	19	1
Average Daily Census	37.3	1.5

Student Training

Students from the Prince Edward Island School of Nursing and Central School for Nursing Assistants are with us for part of their clinical experience. During the summer vacation period dietary, physiotherapy and occupational therapy interns were also involved in the work of the Complex.

DIVISION OF TUBERCULOSIS CONTROL

Purpose

The function of the Division of Tuberculosis Control is the prevention, detection and treatment of Tuberculosis. Prevention and detection are the functions of the Out-Patient Chest Clinic Department.

Regular Chest Clinics are held under the supervision of the chest clinic physician, Dr. W. R. Stewart at the Santorium, Charlottetown; Health Centre, Summerside; Western Hospital, Alberton; Kings County Hospital, Montague; and the Souris Hospital. At these clinics, which are operated in co-operation with the Division of Public Health Nursing, patients who are continuing their treatment for Tuberculosis at home are assessed at regular intervals. Ex-patients are reviewed regularly. Investigation and examination of contacts of Tuberculosis cases is done, and patients with chest diseases are seen on referral from family physicians.

Most tuberculosis patients receive their initial period of assessment and treatment in the Provincial Sanatorium. Eight new cases of active tuberculosis were discovered. There were no deaths from tuberculosis.

Statistics

New Active cases of Tuberculosis	8
Reactivations of Tuberculosis	0
Deaths from Tuberculosis	0
Out-Patient Chest Clinics	60
Visits to Clinics	1,148

A very successful out-door barbecue was held for the patients of the Complex in July. The Sanatorium Complex volunteer group sponsored a Christmas Tea, a Halloween Party and a Spring Tea for the patients.

Volunteers continue to be present each day in the patient's kitchen to provide tea, coffee and snacks for the patients during the afternoon.

Outings and picnics for the patients during the summer months were also provided by the volunteers who came during the year to read, write letters, shop and help in various ways to make the stay of the patients in this institution more enjoyable.

With the assistance of our maintenance man, the patients from this institution were again able to enjoy the facilities of our carpenter shop.

The wheelchair garden at the rear of the Complex was planted as usual and maintained by the patients.

Our X-ray Technician retired in February 1981 and comes in on a part time, on-call basis only.

Dr. O. Maryniak initiated Electromyography (E.M.G.) Clinics. Patients are seen on a referral basis only.

The Occupational Therapy Supervisor position was abolished and an Occupational Therapy Coordinator for Prince Edward Island was appointed, in the person of Margaret Ann Garratt.

During the Summer of 1981 a study of the Administrative Procedures at the Provincial Sanatorium Complex was carried out by Mr. Alan O'Keefe, Administrative Trainee.

Dr. M.J.M. Putnam held several TB Bone Clinics at the Provincial Sanatorium Complex over the summer months.

M. Geneva Purcell, M.Sc.N., a representative from the Canadian Council on Hospital Accreditation, surveyed the Complex in September, 1961, the result being that once again the Provincial Sanatorium Complex has received a Certificate of Accreditation for a three year period.

In October 1961 patients from the Complex, with the help of the O.T. staff and volunteers, held a very successful Bazaar at the Kinsmen Centre, proceeds of which were used to purchase Stereo equipment for the patients enjoyment.

Dr. Gustave Gingras continued to hold clinics for annual review of Multiple Sclerosis patients.

During the past year, the Director of Nursing initiated a multi-disciplinary team approach to assess and record the patient's problems. Also, a monthly questionnaire was initiated to measure the quality of the nursing care being provided according to a set of established nursing care standards.

REHABILITATION CENTRE

Purpose

The Rehabilitation Centre in the east wing of the Provincial Sanatorium Complex consists of a twenty bed medical nursing unit and an active out-patient department under the direction of a physiatrist, Dr. Oleh Maryniak. Services offered include medical and nursing care, physiotherapy, occupational therapy, speech pathology, prosthetics, orthotics and consultation in physical medicine.

Statistics

In-Patients:	
Admissions	176
Admitted and Discharged	193
Out-Patient:	
Number of consultations	697

Physiotherpy

In addition to servicing the Rehabilitation Centre, this department coordinates all physiotherapy services to hospitals and manors in the province. The following statistics indicate the number of patients treated by physiotherapists at the Rehabilitation Centre and the hospitals.

	In-Patients Rehabilitation Centre	Out-Patients General Hospitals
Admissions	1,093	5,585
Attendances	16,421	26,743
Daily Average Attendances	63.1	102.9

During the same period, the consultant services to the nursing homes, Special Care Unit, etc. had 3,389 attendances.

Occupational Therapy

On going goals remained as in previous years.

- Provide assessments and programmes for persons with physical disability
- Act as a provincial resource centre for information on disabled living with some common adaptive equipment and an adapted living area.
- Liase with other related services and agencies.

Programs

(1) In conjunction with physiotherapy, the Rehab Centre became a satellite unit of Canadian Back Care Education. The two therapists, sponsored by Worker's Compensation Board, travelled to Toronto to spend one week at the Canadian Back Care Education Centre. The program consists of four education sessions (orthopedic surgeon, OT/PT, psychiatrist, psychologist.) To date approximately 50 people have attended the program.

(2) Also in conjunction with physiotherapy, an Arthritis Education Program was started. A workshop was held August 20-21 with Susan Mitton, O.T. from the Rheumatology Program at the Victoria General Hospital, Halifax. The program consists of six 2 hour sessions, incorporating educational sessions, hand class and foot class. At present one course has been completed (8 clients).

(3) There was an increase in pediatric cases treated, primarily between 1-3 and 5-7 years. An agreement was reached with the Physical Medicine Department of the Isaac Walton Killam Hospital to coordinate physiotherapy and occupational therapy followups through the O.T. Department of the Rehab Centre. This arrangement was reached in December and to date approximately twenty children have been followed.

Courses

(1) Therapists have continued to conduct sessions with various care-givers on "Moving and Lifting Patients".

(2) Interdisciplinary "Stroke Workshops" were held in communities through the Island (O'Leary, Montague, Charlottetown). These workshops were primarily for Manor and Hospital staff and were presented by Speech, Physio and O.T.

(3) Courses attended throughout the year included: Canadian Back Care Education, Toronto; Planning, Charlottetown; O.T. Treatment for Adult Neurological Disabilities, Halifax; Overview of Physical Disability, Moncton.

Dalhousie University expects to be accepting their first O.T. students in September 1982. Discussions have occurred with the university re program in general and fieldwork in particular.

Statistics

	In-Patient	Out-Patient	Home Care
Admissions	166	211	29
Attendances	2,971	1,535	62

Speech Pathology

During the past fiscal year, the Rehab Centre was serviced by a Speech - Language Pathologist on a part-time basis during April and May. The service was not provided from June 1 until November 30 due to maternity leave. The following statistics cover April 1 - May 31, 1982 (part-time only) and December 1, 1981 through March 31, 1982.

The total caseload at this clinic increased over this period from 100 to 113 clients. The present caseload of 113 consists of 107 out-patients and 6 in-patients. There were a total of 54 admissions, 32 out-patients and 22 in-patients; plus 158 discharges, 131 out-patients and 27 in-patients. It should be noted that all 107 current patients were discharged as of March 31, 1982 and will be re-admitted to the Queen Elizabeth Hospital.

Out-patient admissions consisted of a variety of types of cases, e.g. articulation, language, cleft lip/palate, fluency, voice, cerebral palsy, mental retardation, aphasia, dysarthia, and normal, whereas the in-patient admissions were confined to the latter three categories.

A total of 386 therapy sessions were held during this period, 218 out-patient and 168 in-patients. These figures reflect initial and review diagnostic assessments, and on-going therapy sessions. In addition, this clinic offers a consultation service to other facilities on request; e.g., junior and senior highschools, hospitals, nursing homes and day care centres.

Prosthetics

A Prosthetic and Orthotic Laboratory is maintained in the Rehabilitation Centre. This laboratory has the capability of manufacturing upper and lower artificial limbs, various types of braces and splints. In addition it carries out adjustments and repairs to corrective footwear and all prosthetic and orthotic appliances.

(1) Upper Extremity:	
(a) Wrist disarticulation	0
(b) Below Elbow	5
(2) Lower Extremity:	
(a) Metatarseal-Phalangeal	2
(b) Chopart	3
(c) Symes	1
(d) Below Knee	31
(e) Knee disarticulation	0
(f) Above Knee	5
(g) Other	2
(3) Repairs:	
(a) Lower Extremity Prosthesis	256
(b) Upper Extremity Prothesis	30
Orthotics:	
(1) Lower Extremity Orthosis	228
(2) Upper Extremity Orthosis	142
(3) Alterations to footwear	580
(4) Alterations and Repairs to Orthosis	212

DIVISION OF COMMUNITY HYGIENE

Richard J. Davies, B.Sc., CPHI(C), Director

Purpose

The mandate of the Division of Community Hygiene is to promote and establish, through education, consultation and inspection, standards which are in keeping with the Public Helath Act of Prince Edward Island and its regulations.

With this objective, the Division of Community Hygiene has defined all of its inspection programs under three distinct categories. These categories are Social and Environmental, Consumer and Manufacturing.

Program: Social & Environmental

This area of responsibility includes such services as investigating nuisance complaints, rental accommodation complaints, child care facilities, summer trailer courts, tenting and campgrounds, tourist accommodations, swimming pools and occupational health complaints.

Total Inspections = 2,117

Type of Inspection	1980/81	1981/82	%Increase (Decrease)
Complaints	230	250	17%
Enquiries	85	105	19%
Rental Accommodations	55	95	73%
Child Care Facilities	95	260	174%
Summer Trailer Courts, Tenting & Camping Areas	82	106	30%
Tourism Accommodations	965	1,010	5%
Auxiliary Facilities	114	107	(6%)
Health Related Complaints	69	44	(36%)
Occupational Health Analysis	120	140	17%

The Division investigated and resolved 250 nuisance complaints which were referred by the general public.

Examples would be:

- spreading of liquid pig manure.
- rotten potatoes in a warehouse.
- garbage accumulation.
- foreign object in a cookie.
- ponding of septic tank effluent.
- petroleum contamination of drinking water.
- old food stock in a grocery store.
- insects in a chocolate bar.
- mouldy bread.

Enquiries from the public to the Division totalled 105. Examples would be:

- requests and interpretation of various regulations under the Public Health Act.
- milling of Island flour and bran.

— quality of strained baby food after certain date.
— second-hand bedding.
— selling of imported spices.
— frozen lobster/thawed/re-frozen.

Ninety-five rental accommodation inspections were conducted following a complaint from either the tenant or Provincial Rentalsman.

Child Care Facilities are inspected for compliance with the Child Care Facilities Act.

All tourism accommodations are inspected twice during the tourist season with respect to meeting requirements of the Innkeepers' Act and Regulations. Health related tourism complaints of these facilities showed a decrease of 36 percent. Three Tourist Accommodation Inspectors were trained and hired for the summer program from May to September.

Occupational Health problems are referred to the Division by the Workers' Compensation Board, Department of Public Works, Unions or employees, for investigation and analysis. The Division works in close co-operation with Medical Services, Health Protection Branch of Health & Welfare Canada. All chemical analysis and some scientific equipment used in these investigations is made available by this Federal Government Agency.

The types of problems investigated in the Occupational Health analysis program were:

— analysis for asbestos fibre content.
— monitoring for total dust, respiratory dust, silica and quartz dusts.
— testing of various levels of carbon monoxide within the artifical ice rinks in Prince Edward Island as well as carbon monoxide emission in underground parkades.
— analysis of urea formaldehyde foam insulation in private homes, and other buildings.
— hydrocarbon emission in an enclosed vehicle maintenance garage.
— testing for acetone, methanol, metholene chloride in the workplace.
— checking ventilation systems within government offices.
— testing for ozone at a high school.

Program: Consumer

This public service area includes the inspection of licensed premises, eating establishments including hospitals and nursing homes, retail and wholesale food outlets. Services provided by the Division in the course of these inspections are: consultation to operators, approval and evaluation of plans for new and renovated buildings, sampling and analysis of the drinking water supply. General inspections of establishments are conducted to ensure compliance with recommended standards of housekeeping procedures, maintenance and foodservice sanitation. Routine swabbing of utensils and equipment for bacteriological analysis and the investigation of complaints concerning foodservice sanitation or suspected foodpoisoning incidents are also investigated. With increase surveillance of eating establishments (22%), it is interesting to note the foodpoisoning incidents have decreased by 36 percent.

Total inspections = 4,170

Type of Inspection	1980/81	1981/82	% Increase (Decrease)
Eating Establishments	2,700	3,300	22%
Swab Samples	1,300	2,800	115%
Licensed Premises	190	320	68%
Swab Samples	300	380	27%

Retail Grocery Stores	320	500	56%
Schools	70	40	(43%)
Water Samples			
Bacteriological	2,835	3,200	13%
Chemical	132	600	354%
Foodpoisoning Investigations	11	7	(36%)

Program: Manufacturing

This area of responsibility encompasses the 20 provincial slaughterhouses and 9 pasteurization milk plants.

Total Inspections = 119

Type of Inspection	1980/1981	1981/82	% Increase
Slaughterhouses	90	110	22%
Milk Plants (in-depth)	9	9	—
Milk Samples	900	1,000	11%

Two slaughterhouses commenced business this year. The Prince Edward Island Veterinary Association/Division of Community Hygiene, Meat Inspection Committee held four meetings. Among the Committee's achievements were a new disposal tagging system which was introduced into all plants. This allows positive identification between carcasses and viscera. The meat inspection legend has been re-designed so that slaughter houses are designated as a registered plant with their own plant number shown on the legend.

Milk Samples are collected from milk plants and retail stores. Bacteriological results are tabulated on a monthly basis and sent to the plants. Retail store milk samples are collected for bacteriological, butterfat and protein analysis.

Program: Education

In conjunction with the Prince Edward Island Restaurant and Foodservice Association and the Department of Agriculture, eleven National Sanitation Training Programs were conducted for 233 people. This brings to 1,036 the number of Island Foodservice people who have successfully completed this Course. Other groups who received education instruction from the Division include U.P.E.I. Transition House, Womens' Institutes, and staff from local restaurants and schools.

The Division, in co-operation with the Division of Nursing sponsored a Hospital Infection Control Seminar for 100 health care professionals from across the province.

The Department of Health & Social Services sponsored a one-day seminar on Housekeeping Sanitation Services for 80 home care professionals from across the province.

Courses

Les Parsons attended a Swimming Pool Course at Toronto, in October, 1981.

Jack Mallard attended a Milk Technology Course at the University of Manitoba, Winnipeg, in November, 1981.

John Brown and Les Parsons attended an Occupational Health Analysis Training Program at the College of Cape Breton, in June, 1981.

Betsy Mallard and Leonard Gallant participated in the Atlantic Canada Institute of Public Health Inspectors Annual Refresher Course in Dartmouth, Nova Scotia, in October, 1981.

Health Orders

The Division was obliged to serve one Health Order (one last year) for the closure of an Island establishment. Health Orders are issued only in the severest of circumstances where an inspection reveals gross violations of the regulations or where there exists a possibility that people's lives could be in jeopardy.

Bakery in Charlottetown . . . unsanitary conditions . . . November, 1981.

Inspection Demand

The demand for inspection services and education programs carried out by the Division of Community Hygiene continues to increase. There has been an increase in the number of nuisance complaints, enquiries, and rental accommodation requests during this past year. The Division gives nuisance complaints the highest priority and responds to all requests submitted, besides coping with the routine inspection workload.

DIVISION OF MENTAL HEALTH

M. Triantafillou, M.D., Director

The purpose of the Division of Mental Health is to provide optimal and accessible mental health services to all persons in the province. Inpatient facilities for those persons most severely ill are available at Hillsborough Hospital, Charlottetown and Prince County Hospital Psychiatric Unit, Summerside. Mental Health Clinics operate in Charlottetown, Montague and Summerside and there is a day hospital facility in Charlottetown. Psychiatric services are provided to O'Leary, Alberton, Montague, and Souris on a visitation basis.

Dr. S. A. Malcolmson resigned as Director of Mental Health in August 1981 to return to the Clarke Institute of Psychiatry, Toronto. Dr. M. Triantafillou was appointed as Director in December 1981.

Dr. Charles Luna resigned in May, 1981 and Dr. V. Gangolli resigned in June, 1981. This drastic reduction of psychiatric manpower coupled with the planned transfer of acute units to the Queen Elizabeth Hospital in the near future could create serious problems in the provision of psychiatric coverage at Hillsborough Hospital.

Ms. Verna Coffin terminated her contract as research assistant with the Division in November, 1981. During her period of employment, she carried out specific assignments in relation to mental health matters.

A bursary program for psychiatric residents operates to ensure a source of psychiatric manpower to the province. Presently, two doctors are studying at Dalhousie Medical School under this bursary program.

COMMUNITY MENTAL HEALTH SERVICES

E. A. MacDonald, Director

Community Mental Health Services has multidisciplinary teams operating in Summerside, Charlottetown and Montague and also a Day Hospital operating in Charlottetown. Staff members are drawn from the disciplines of psychiatry, social work, psychology, psychiatric nursing, and occupational therapy.

The teams provide professional help to families, children, and adults who have problems pertaining to emotional growth, personality, behaviour, interpersonal relationships or coping with

situational problems. Some of the major presenting problem categories include: anxiety, depression, child management, family problems and long-term emotional disabilities. The total number of persons receiving services from Community Mental Health Teams was 1,501 for the past fiscal year ending March 31, 1982, an increase of nineteen per cent over the previous year.

There is evidence of improved positive relationships between Community Mental Health Services and other service agents in the community. During the past fiscal year there has been an increase of slightly more than sixteen per cent in the number of persons referred for services in the community. The source of referrals is varied, i.e. physicians, psychiatrists, Social Services, school system, correctional agencies, self and/or family, with more than fifty per cent of referrals coming from the medical community.

In keeping with the mandate of Community Mental Health Services, clinics are involved in various aspects of educational training and provision of information sessions to community groups. There continues to be an increase in the demand for educational services and during this fiscal year Community Mental Health Clinics presented an average of twelve sessions per month.

Educational efforts may be categorized into three main areas. The first area is that of providing information to the general public on mental health topics, including increased coping skills. The second area is the provision of education to professional groups in the community to offer new skills, knowledge and expertise for their roles as front-line helpers in the community. The third important category in the area of education is providing field placement or supervised practicums for students who are attending professional schools in the allied professions of mental health.

A major workshop jointly sponsored by Community Mental Health Services and the Civil Service Commission was held for practising professionals in early March 1982. Mr. Ervin Zentner, M.S.W., professor at Wilfred Laurier University, Waterloo, Ontario was the resource person for this two-day workshop on 'brief therapy'.

A number of staff changes have occured during fiscal year 1981-82. Dr. Charles Luna, psychiatrist, resigned in May, 1981 to return to Ontario. Irma MacKay, M.S.W., Coordinator of the Charlottetown Team, resigned to return to Manitoba in June 1981 and William Lawlor assumed coordinator responsibilities for that Clinic. Judy Hill, O.T., resigned in June 1981 from her part-time position as occupational therapist at Richmond Centre. Joan Walsh, R.N., M.S. resigned as coordinator and nurse therapist with the Montague Team in April and joined the Richmond Centre staff on a part-time basis in November 1981. Emmett Bradley, M.S.W. joined the Richmond Centre Team in September 1981. Myrna McEwen, R.N. resigned from her part-time position on the Summerside Community Mental Health Team. John MacMillan, M.S.W. was recruited to the Summerside Team in January 1982. Sharon Lawlor, R.N. provided temporary nursing services to the Montague Mental Health Team for the first quarter of this fiscal year. Shirley Callaghan, psychometrician, took educational leave from September, 1981 to April, 1982 to study at the Clarke Institute of Psychiatry, Toronto.

The demand for services has increased and at times stretched the capacity of individual teams to respond. To maintain the efficiency and effectiveness of professional mental health services to regional communities, serious consideration must be given to anticipated staff requirements for both the clinical and support functions of the teams in Kings and Prince Counties. It is especially important that Community Mental Health Services establish full time representation in the West Prince area if we are to provide consistent treatment of cases. There is a waiting list of clients to be seen in the Souris area. The present caseload in Souris justifies an additional day per week of service to the area provided staff could be spared from the Montague Community Mental Health Team.

The McGill Day Treatment Unit located in Charlottetown provides mental health services on a voluntary basis to persons who do not require hospitalization but need more than outpatient services. It serves as an alternative to inpatient hospital care, provides a followup program for certain patients who have been discharged from hospital and assists in the preparation of selected

patients in psychiatric hospital for a return to the community. The program provides patient assessment and treatment for the prime purpose of assisting individuals in the community to regain and maintain an optimal level of mental and emotional well-being.

Group therapy is utilized as one mode of treating patients and assisting them to live as independently as possible in the community. Groups are conducted on communication skills, community awareness, discharge planning, relaxation therapy, recreation therapy, and socialization skills.

The McGill Day Treatment Unit changed to a four-days-per-week program and served a total of 103 patients this fiscal year as compared to a total of 106 patients last year when the program operated five days per week. The total number of patient days for this year is 1,895 for an average of 26.8 patients attending per month, a slightly higher average than last year.

AfterCare Medication Clinics for patients discharged to the community from psychiatric hospital and who require ongoing injections of psychotropic medications are held in Charlottetown, Summerside, Montague, and Souris. This mental health program serves a steadily increasing number of patients since Community Mental Health Services assumed responsibility for the program in December 1980.

In addition to sessions with individual patients for counselling and administration of injections, group sessions are held during which clients are encouraged to practise and improve communication and socialization skills. These program features have been successful and account for numerous improvements in clients' functioning.

The medication clinic in Charlottetown is administered by the fulltime nursing staff at the McGill Day Treatment Unit. This clinic has expanded from one-half day to one full day each week to service approximately sixty patients. Louise MacLeod, R.N., part-time nurse on the Montague Community Mental Health Team, administers the clinic for six patients in Montague. Bernadette Paquet, R.N., works on a casual basis to administer the clinic in Souris for ten patients. Myrna McEwen, R.N. works on a casual basis to administer the medication clinic for ten patients in Summerside.

INSTITUTIONAL SERVICES

J. A. Fraser, Administrator

ADMINISTRATOR'S REPORT

The year 1981-82 was once again a year of restraint. No new programs were implemented. However, additional staff were authorized in two areas. Two life skills workers were engaged for the Pre-Discharge Program, and a Social Worker was authorized for the Pre-Discharge Program and the Adolescent Program. This worker divides his time between the two programs and on occasion assists with the general population.

In August the newly appointed Hospital Board met for the first time. The hospital had been without a Board since 1979 when the previous Advisory Board had been disbanded. Dr. Mark Triantafillou was appointed Physician-in-Chief in charge of clinical services in December.

I should like to express my thanks to all staff members for their continued support and cooperation.

Finance and Administration

Approved Number of Beds	233
Average Daily Occupancy	229

Total Number of Admissions	624
Total Number of Discharges	642
Patient Days (Hillsborough Hospital)	29,474
Patient Days (Special Care)	52,097
Total Patient Days	83,764
Hospital Expenditures	$4,773,093
Adolescent Program	65,930
Pre-Discharge Program	43,831
Provincial Pharmacy (Drugs)	64,242
Department of Public Works	599,200
Total Operating Cost	$5,546,296
Total Cost Per Patient Day	$ 66.21

Support Services

As in the past few years, support services embrace the disciplines of psychology, psychometrics, and social service workers. These services have been provided to the hospital by the sub-division of Community Mental Health and are very much appreciated. Unfortunately Mrs. Callaghan was on leave of absence for much of the year but she has now returned. Mr. Russ Ewing's retirement in June of this year will leave quite a gap in our service, especially to the Adolescent Program. As stated previously, a social worker has been added to the hospital staff and will work with the adolescents on a part time basis. The social service workers continue to provide a very essential link between the hospital, discharged partients, and those about to be discharged. Without these workers, foster home and boarding home service could not be continued successfully.

Patient Services

This group of services includes Medical Records and Admitting, Pharmacy, Pastoral Care, Occupational & Recreational Therapy. The Pharmacy Director with an assistant continue to provide an invaluable service within the hospital. This is basically a part time operation and is a vast improvement over the previous system of having drugs sent out from central pharmacy with no pharmacist available on the premises. With the number of drugs being prescribed and the necessary control procedures, it would be impossible to revert to the former method of dispensing. In fact, more input from pharmacy staff would be appreciated in order to implement a more sophiscated medication monitoring system and to improve delivery methods. In addition, increased educational assistance from the pharmacist is required to augment that provided by nursing service education staff for patients as well as staff.

Occupational Therapy

During the past year the O.T. department has started a small industrial therapy program. With the closing of the dairy, this building was converted to a workshop for the repair and painting of hospital beds. Hopefully this program will be expanded.

Recreation Therapy

This section has had a very successful year. Unfortunately this is established as a "one employee" operation which for the last few years has had financial support from the Federal government, allowing us to employ temporary staff to assist the hospital coordinator. It appears this funding will cease shortly and the hospital will have to rely on its own resources. During the past year ward programs were organized, allowing us to utilize ward staff more for recreation activities. This will help ease the burden when Federal funding ceases.

Nursing Service

In January of 1981, Josephine McLean resigned as Director of Nursing on moving to Halifax. Thanks to the efforts of June Kennific, who acted as Director, and all senior members of the nursing service and in-service staff, direction was ably carried out until the appointment of Mrs. M. E. (Sally) Robertson in September.

In October a recommendation was made by the Board that increased staff be engaged and that the ratio of professional to non-professional staff be increased. Unfortunately, this recommendation has not been approved.

Nursing Education

The in-service education department continues to coordinate and carry out inservice training for the entire hospital staff and during the year provided more than two thousand hours of training for approximately twenty topics.

In addition, nursing staff received training outside the hospital for the total of eight hundred hours. Three supervisors successfully completed the Nursing Unit Administration Program given by the Canadian Hospital Association.

Hospital Services

This division consists of Housekeeping, Maintenance and Transportation, Dietary, and Security Services.

Dietary

The dairy processing plant closed in June with the retirement of the milk processor. The dairy was a very efficient operation but the cost to convert machinery and increase the operation in order to provide the types of milk considered necessary for various diets, etc. would not have justified the expense of the operation nor are there patients available to make the dairy a therapeutic mileau. A badly needed new floor covering was installed in the Health building cafeteria. The main kitchen provided an average of eight hundred and thirty meals per day in addition to lunches for patients leaving the hospital for picnics, work programs, etc. Staff training included Food Service Sanitation and Diabetic Education.

Maintenance

Maintenance continues to be carried out by two groups of employees; hospital and Department of Public Works. In addition to routine maintenance, which requires increased effort each year owing to the age of the buildings, the Department of Public Works had a wheelchair ramp erected on the outside of the Health building. This ramp will not only allow more patients access to the outside for fresh air and recreation but will provide an additional escape route in event of fire.

Transportation

The major event in the transportation section was the purchase of a sixteen seat bus to replace an old thirty-two seat bus. It is essential to maintain one large bus for general patient outings but for normal day to day operations it is very uneconomical. The decreased operating cost and the added maneuverability of the smaller vehicle has allowed us to substantially reduce the use of taxis for patients required to attend appointments at various health and other agencies in the community.

HILLSBOROUGH HOSPITAL BOARD OF DIRECTORS

Mr. Eric Doucette, Chairman

During the summer of 1981, Hon. James Lee, Minister of Health and Social Services, appointed a Board of Directors for the Hillsborough Hospital. The Board is to be an advisory body to the Minister and is presently comprised of the following members:

Mr. Eric Doucette, Chairman
Mr. J. A. Fraser, Administrator/Secretary
Mr. Oliver Bernard
Mr. Ernie Carver
Mrs. Frances Tremere
Mr. Lowell Johnston, M.L.A.
Dr. A. E. Ings, M.L.A.
Mr. Keith Wornell, Deputy Minister
Dr. M. Triantafillou, Physician-in-Chief
Mr. Frank MacDonald, Chairman, Queen Elizabeth Hospital Board

The Board meets monthly to study and discuss issues presented to it by the Minister through either the Deputy Minister or the Administrator, and then makes its recommendations.

The Board of Directors met with heads of the various departments of the Hillsborough Hospital to become familiar with the operation of the hospital. Board members were also given a tour of the facilities as part of this familiarization process.

It appears at this time that it is desirable to have the Hospital become an accredited institution. The board spent considerable time discussing the requirements for accreditation and what it involves for the Hospital. This will be given further study at future meetings.

The present government has given priority to the replacement of some of the existing buildings of the Hillsborough Hospital. The Board has consequently discussed the physical needs of the Hospital to determine what is needed to deliver the best patient care.

With the upcoming transfer of a number of patients from Hillsborough Hospital to the psychiatric wing of the Queen Elizabeth Hospital, the board has been kept up to date on what services can best be supplied by the Queen Elizabeth Hospital, and what types of patients will be transferred to the new hospital.

Having studied the summer camp program of the past number of years, and having studied the proposal by the recreation staff for summer activities, the board gave approval and support to the proposed patient activities in lieu of the summer camp program at Oyster Bed Bridge for the coming summer.

The Board met members of the C.M.H.A. to discuss how best to serve the needs of mental patients. It was felt that this meeting resulted in better understanding and cooperation between the C.M.H.A. and Hillsborough Hospital.

The Board of Directors of Hillsborough Hospital looks forward to continued involvement in the operation of the Hospital and hopes to become involved in budget preparation.

The Board is always cognizant of the fact that patient care must be the number one priority. In line with this priority, the board has an ongoing concern that the staff-patient ratio must be such that the quality of service will not deteriorate. The board would appreciate being kept up-to-date on any proposed changes in staffing, and hopes to be involved in making recommendations regarding the numbers of professional staff available to patients.

DIVISION OF PHARMACY SERVICES

L. Roger Montigny, B.Sc. (Pharm.), R.P.E.B.C., Ph.C., Director

The Division of Pharmacy Services is the central purchaser of pharmaceuticals for the Government of P.E.I. These pharmaceuticals are dispensed through the Government Programs on an individual basis; also, the service does encompass the Government operated Institutions, Manors, and the Hillsborough Hospital.

The Division of Pharmacy Services provides a prescription drug service. In the last year 70,000 prescriptions were dispensed for approximately 15,000 outpatients.

Social Services	54,900
Mental Health	6,600
Diabetes Control Program	8,100
*Government Institutions	
Various small programs with significant special requirements	600

The Division of Pharmacy Services provides a drug information service, a drug monitoring service, also a drug educational and consultation service for Institutions and Programs.

The Islandwide Insulin Program is administered through this Division and dispensed through retail pharmacies.

The Pharmacy Services Division is responsible for the purchase and distribution of biologicals for immunization clinics for the Island people.

This Division accomplishes its objectives through one main location (lower level of the Sullivan Building), plus a satellite pharmacy at Hillsborough Hospital.

In June of '81 the Division obtained the services of Mrs. Marjorie Poole, B.Sc. (Pharm.), as Pharmacist.

The Pharmacy Study Group continued with the tasks set out by Dr. John Bachynsky, "Study on Dispensing" and "Five-year Policy Paper". This was completed in the fall of '82, with recommendations to be acted upon in the future.

The Division of Pharmacy Services is currently involved with the completion of a Government Formulary will be a continually revised compilation of pharmaceuticals and will be of intrinsic value to the Division.

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* A prescription count can only be estimated at approximately 18,000, as we supply pharmaceuticals in bulk to Institutions and Manors.

REPORT OF THE DIVISION OF LABORATORIES

John Craig, M.B., Ch.B., F.R.C.Path., Director

The Division of Laboratories ceased to exist on the last day of the period covered by this report; this therefore is something of an obituary. I will try to resist the temptation to be unduly retrospective but it would be negligent to omit some reference to the past and especially to the unusual — and in many ways unique — relationship which has existed in this Province between Government and clinical laboratory services for more than three decades. The fact that this has proved reasonably successful, extremely economic and generally harmonious reflects credit on the

cooperative spirit shown by so many people in other Government Departments as well as in our own. It is also a total negation of the popular conception of Civil Servants as narrow, uncaring, or selfish bureaucrats.

It would also be negligent not to record again the debt which the people of the Province owe to the first Director (the late Dr. Harold Shaw) and to the former Deputy Minister of Health (the late Dr. Owen Curtis). They, along with others recently retired or still involved, made an enormous contribution to the health of the Province through their initiative and support of the development of its diagnostic laboratory activities, usually with minimum resources.

The work of the Division continued to expand during the year, the overall increase being about 5%. In anticipation of the major upheavals to be effected in the next year, possible technological changes were kept to the minimum. One major analyser had to be purchased towards the end of the year.

A significant achievement during the year was the completion of the transition to the Systeme International. This was effective on the Metric Commission's target date of November 1, 1981. Preparation for it involved an enormous amount of work, largely in educating ourselves and in producing information to explain the changes to other physicians. Because of this ground work, the transition proved considerably smoother than was feared.

Less satisfactory however was the delay in decisions about the future administration of the laboratories subsequent to their transfer to the Queen Elizabeth Hospital. Because of these delays, the reorganization and reallocation of staff, with various changes in function and title, could not be effected. As was feared, this subsequently had an adverse effect on the operation of the laboratory activities after the transfer. In addition, there was a great deal of personal insecurity among staff members in the absence of firm knowledge as to who would be their employer and who would represent them in the future. Nevertheless, the staff anticipated with enthusiasm the physical transfer to the hospital though, correctly as it turned out, at least some were less happy regarding other aspects of this change.

The physical move of the laboratories took place on March 1. Thanks to great devotion and enormous efforts of all staff (but perhaps especially the scientists and other senior staff) the move was accomplished remarkably smoothly and without any substantial interruption in activities. Despite the upheaval and the inevitable deficiencies in the new premises and in their services, the total work in February and March showed the same increase (5%) over the previous year as did the rest of the year.

The projected staff complement for the laboratories in their new location is less than that of the combined Division of Laboratories and the two hospital laboratories. Despite this there will be staffing for substantially longer hours as well as for additional activities. Whether this proves adequate or not remains to be seen but, with salaries composing above three quarters of the total operating costs of the laboratories, any savings are clearly very desirable. Costs other than salaries continue to escalate at a rate far greater than the general inflationary pressure. Part of this results from the adverse performance of the Canadian dollar and part from our "end-of-the-line" location.

The future of the medical component of our activities now share the same security (or lack of it) as any other aspect of health care. With the new organization and despite best intentions however, there is bound to be a bias in favour of the needs of the patients of the Queen Elizabeth Hospital. Some counter-balancing mechanism must be retained to secure the interests of the patients elsewhere in the Province from whom two thirds of the work will come. It remains questionable for how long strictly limited resources will continue to be able to supply virtually open-ended services.

The future of the non-medical component of our current activities is less clear. The medico-legal work is a major deterrent to recruitment or retention of laboratory physicians. These will get even scarcer and therefore even more difficult to attract in the future. I do not believe that the

clinical services should be placed in jeopardy because of this deterrent. So far as the non-clinical public health activities are concerned the most appropriate course would be for these to be carried out by a governmental, multi-disciplinary, non-clinical laboratory. I have always felt that this should be located in some of the excellent facilities which we vacated in the Provincial Health Building. The economic feasibility of this is for others to determine.

To summarize, the demise of the Division as part of Government was effected not without regret. As has been stated repeatedly in the last two dozen Annual Reports however, whatever disadvantages the future may hold, the principal medical laboratories of the Province are now correctly located in the Province's major health care facility.

DIVISION OF LABORATORIES

TABLE 1

Distribution of Services (in thousands of units)

		Calendar 1970	Calendar 1975	Fiscal 1980/81	Fiscal 1981/82
(1)	**Provincial Government**				
	Clinical Division and Epidemiology	90	113	97	100
	Doctor's Offices	734	1,636	2,000	2,131
	Community Hygiene	26	24	53	53
	HEALTH BRANCH	850	1,773	2,150	2,284
	DEPARTMENT OF AGRICULTURE	38	2	2	2
	ATTORNEY GENERAL'S DEPARTMENT	27	53	51	49
	SOCIAL SERVICES BRANCH AND ADDICTION FOUNDATIONS	1	28	38	39
	DEPARTMENT OF ENVIRONMENT	32	36	42	41
	TOTAL PROVINCIAL GOVERNMENT	948	1,892	2,283	2,415
(2)	**General Hospitals**	799	1,412	1,785	1,849
(3)	**Other**	9	30	12	12
	TOTAL	1,756	3,334	4,080	4,276

DIVISION OF LABORATORIES

TABLE II

Distribution of Services to General Hospital (in thousands of units)

Hospital	
Prince Edward Island	609
Charlottetown	399
Prince County	310
Kings County	166
Souris	117
Western	98
Community	100
Stewart Memorial	50
TOTAL	1,849

RESOURCE & EVALUATION UNIT

Rob Thomson, Director

Purpose

This is a very small support team of background researcher-planner-analysts to assist the Department's executive and operating divisions and also, to some extent, the Hospital & Health Services Commissions in:

- background research and information
- some administrative assistance
- program planning and evaluation
- health promotion development and coordination
- policy analysis and development
- legislative matters

'What's the latest?' 'What does it mean for us?' Because it is important for the Department to keep in touch with what is going on, Resource Unit staff may commonly be found with their nose in a book or journal article, studying reports and statistics, getting on the phone to confirm a trend or check out the details. Facts, summary digests and interpretations are continually being provided; this year the subjects ranged through long-term care, suicide, the Krever Report on confidentiality, institutional dental care, anorexia nervosa, inter-provincial patterns of health expenditures and extra-billing, Reye's Syndrome, and dozens of others.

As in the past four years, the library was a great help for this purpose. However, for reasons of economy, it had first to revert to part-time, and then at year-end to be closed as a separate entity. Most of its function has been incorporated into the Government's central Planning Library.

Two major inventories were compiled: an outline of P.E.I.'s inter-governmental dealings in the health field; secondly, "A Regional Profile" which describes the health-related services operated by varous agencies and institutions in each district of the province.

An outgrowth of the information-brokerage function is the provision of administrative support. The Unit often assisted the Deputy's office with status up-dates, press releases, speeches, correspondence, interviews, Cabinet subsmissions, graphic presentations, contracts, conference briefing books, even filing systems.

In general, this year has seen a tapering-off in small-scale background information and administrative assistance assignments. Trends are noticeable toward more policy analysis and planning projects and, although most of this is done by program leaders themselves, more service to operating divisions.

The Laboratory Council was redesigned, for example, and help was given on a plan to consolidate various non-clinical laboratories. Procedural manuals were written for Community Mental Health and the Pharmacy's computerized inventory system. There was investigation of possibilities for a seniors' drug program and, on the other hand, evaluation of the drug-reduction project in some manors. Government drug programs and delivery methods, but also goals for the whole Island pharmaceutical network, were reviewed by a joint Department-Association group. The particular issue of transporting mentally ill patients was examined, and the "Mental Health Services Review" was written as an appraisal of the 3-year progress and future directions of provincial programs. A proposal was developed for foot-care services, and the Unit helped the Tignish Health

Co-op make a proposal for reorganizing nursing arrangements in its district. The Nursing Division was given a 3-day workshop on program evaluation. A funding request for reconstructing Charlottetown-area health institutions was written and, as a follow-up on last year's "Special Consideration for Health in the Atlantic Provinces", a document outlined the state of all P.E.I. health services relative to the national pattern, and the specific steps which could be taken through 5 years to overcome the 15 to 20 percent interprovincial disparity which showed up.

At this developmental stage, the Resource Unit is the home of the Department's coordinator for Health Promotion — that is, for efforts to make life positively healthier as a strategy in balance with the efforts to prevent and to treat illness. Her main purpose is to be a resource: passing on knowledge and materials and stimulation which will support others to carry out promotional activities. Naturally then, there was much participation in conferences and workshops, on Federal-Provincal and regional committees, in working groups on smoking and child safety. Scores of reports, projects, films, books and kits were reviewed for Island applicability. Information and advice were given to a great variety of agents involved in health education — from schools, societies and Women's Institutes to hospitals and the Department's own divisions — on topics ranging through seatbelts and sexuality, healthy eating and unhealthy drinking, both emotional and physical fitness. The coordinator organized Weedless Wednesday, a teachers' workshop on health, a multi-agency booth at the Provincial Exhibition, and very successful Health Fairs in Summerside and Charlottetown where two dozen exhibitors attracted 5,000 visitors. A perceptive analysis was done on the national and provincial results of the Canada Health Survey which is an important record of the state of people's apparent healthiness. However, despite many activities and solid achievements, it must be admitted that the Department made relatively little progress on formally implementing last year's "Health Promotion for Prince Edward Island" report.

In the function of policy analysis and development, the R & E Unit did a lot of thinking through the year related to Established Programs Financing, the fiscal arrangement through which the Government of Canada helps fund provincial health services according to fundamental national principles or standards. There was representation on a senior Federal-Provincial group which, during half a year, formulated "Health Strategies for Canadians" to guide health policy planning toward the year 2000. Part of P.E.I.'s contribution was a paper assessing the relative federal and provincial roles in the health field.

Participation continued on the group which steered conceptual design of a comprehensive Health Information System. Somewhat connected with that, two unit staff led discussions at a human rights conference dealing with client access to and confidentiality of health information and a report was made on an occupational health information system. There was also heavy involvement with the ministerial advisory committee which produced the Occupational Health and Safety report. Health and Safety report.

R & E slightly increased its work for the Hospital and Health Services Commissions through follow-up activities on last year's report on Department-Commission relationships — some further interpretation and several think-tank sessions to spur examination of present and future roles. Also, leadership assistance was given to the Hospital Commission's reassessment of outpatient policies.

One specialized type of policy formulation — legislation — has grown over recent years to the point where it can now be considered as one of the Resource Unit's main activities. There was analysis and planning work on the 1981 Addiction Services Act, and implementation (including bylaws and licensure regulations) of the College of Optometrists as the regulatory body established by the new Optometry Act. Proposals of Pharmaceutical Association regulations and for a new Funeral Directors and Embalmers Act were analysed, and preliminary work was done on regulations regarding burial and radiation safety under the Public Health Act. Consultation was given to the Dietetic Association and the Board of Dispensing Opticians concerning revision of their legislation. There was some appraisal of the implications which the new constitutional Charter of Rights might pose. There was work on Vital Statistics, Change of Name and Health Services Payment Acts. Finally, drafts were prepared for the Occupational Health & Safety Council Act and the Community Care Facilities Act which were both enacted in the 1982 sitting of the Legislature.

Year-end reminds R & E that it has said good-bye to the staff positions and the persons of senior planner-evaluators Richard O'Brien and Joanne Burke and librarian Marilyn Bell, all of whom made such a fine contribution. All in all, though, this was a good, productive year for our factotum unit, with lots of variety and an interesting shift in role emphasis and the nature of our work.

In October 1982, the Resource & Evaluation Unit and its counterpart element in the Special Services Division were merged to become the Department's Policy and Planning Unit.

DIVISION OF NURSING

Ella B. MacLeod, M.S., Director

Purpose

To serve as the vehicle within the Department of Health and Social Services for the execution of community services in the detection and prevention of illness or disability; and in the promotion and maintenance of optimum health for Islanders of all ages.

Objectives

— To provide health-related services that are equally accessible to all Islanders.
— To promote services that will prevent the outbreak of and consequences of communicable and social diseases.
— To provide services for the early detection and prevention of illness.
— To provide health education programs for the promotion of health and healthy life styles.
— To provide services that will give, teach, and supervise nursing care in the home.
— To provide services that will serve as a link between community and hospital, patient and other professional or auxiliary services.

The Division of Nursing accomplishes its objectives through a decentralized service in six locations across the province consisting of thirty full time and nine part-time nurses, one nutritionist, five full time and five part-time clerical staff participating in the various programs and services. These programs which are based in Charlottetown, Summerside, Montague, Souris, O'Leary, and Kensington include: Maternal and Child Health, School and Preschool Health, Communicable Disease Control, Special Clinics, Home Nursing Care, Health Education, and Diabetes Education. In addition, a Community Health Nurse and a Family Life Consultant carry out special health education programs.

MATERNAL AND CHILD HEALTH

The OBJECTIVES of this program are to promote the health of mothers throughout their pregnancy, foster the growth of the infant, and help parents develop skills in parenting. Prenatal classes are offered for couples and women, for those both early and late in pregnancy, and a post-partum class on parenting. Individual counselling is offered to those unable to attend classes.

There were 46 series of **Maternal Health Classes** offered during the twelve months in six locations. A total of 509 mothers and 331 fathers participated. This is an increase of nine percent over the previous year.

The nurse made 217 visits to pregnant women in the home offering help and counseling. The mothers were also visited in the maternity ward to discuss their needs and prepare for a follow-up visit at home, which is usually made within four weeks of discharge. During this report period, 1,975 mothers and babies were visited by the public health nurse. During visits, plans are made with the mother for attending the Child Health Conference.

Approximately 470 **Child Health Clinics** were held at 23 locations throughout the Island. Five are held weekly and others monthly. A more comprehensive appraisal program of all infants was undertaken. Children at each visit to the clinics are examined and provided with necessary immunization. Referral, if necessary, is made to the appropriate service. Mothers are counseled regarding baby care. There were 2,251 infants and 2,388 preschool children who attended Child Health Conferences during the twelve-month period with total visits of 9,382. There were 26 referrals made to physicians. The nurse made 1,487 visits to the home for counseling mothers with preschool children.

The 3½ year-old appraisal program is now carried out in all health units. There were 1,078 children examined and 214 referred to physicians for various health problems.

SCHOOL HEALTH PROGRAM

The OBJECTIVES of the school program are to provide a knowledge of health, encourage healthy life style practices, and promote early treatment of an illness or disability. This is accomplished by counseling students, acting as a health information resource for teachers, health appraisal, a screening for defects and immunization of the child. Noted defects are brought to the attention of parents so they may seek treatment. The nurse offers support and follow up as needed.

There were 7,635 children given a general health inspection. There were 790 children visisted in the home for follow-up care with the parents. In addition, 3,685 children had their eyes tested with 589 referred, and 1,489 had their hearing tested with 138 referred because of defects. There were 4,192 children examined for scoliosis, with 690 referred. The nurse counseled children on various subjects, and held conferences with teachers, principals, and guidance counselors regarding matters of health.

SCHOOL VISION SCREENING EVALUATION PROJECT

An evaluation of the school vision screening program was undertaken. The nurse tested the eyes of all children in Grades I - IV and VII in four local schools using the traditional method, and with a new Titmus machine. Specialists from Ontario were asked to participate and re-examine those who failed to pass the nurse's test. The findings were analyzed by an Epidemiologist who found that the original screening method was adequate. Based on the findings, it was recommended that the Division continue with the traditional method of vision screening.

SPECIAL CLINICS

The Division organized and assisted in twenty specialists' clinics held in Charlottetown and Summerside. There were 486 children seen at seven Orthopaedic clinics, 215 children at four cardiac clinics, 152 at two Cystic Fibrosis clinics, 89 children at four Neurological clinics, and 29 families at two Genetic clinics. When necessary, these children are followed up at home by the public health nurse.

COMMUNICABLE DISEASE CONTROL

This program includes:

Immunization of Children — The total number of inoculations given in the reporting period was 10,945 to infants and preschoolers, and 2,647 to school children. Children leaving school are provided upon request with a pocket-sized immunization record.

Immunization of Adults — There were 410 inoculations for Typhoid, Tetanus, Cholera, Diptheria, Yellow Fever, and Polio given to adults in this period.

Rubella Control — The program provides for premarital and prenatal testing of all women, and the provision of free rubella vaccine for women who are found to be non-immune. The objective is to insure that through continued surveillance and immunization, no children will be born with rubella syndrome. During this period, 147 women (81 prenatal and 66 premarital) were found to be non-immune and were offered vaccine.

All girls in Grade V are offered rubella vaccine. The program reaches ninety-five percent of girls in this age group.

Venereal Disease — Nurses cooperate with physicians to follow cases and contacts of all venereal diseases reported. There were 85 cases of gonorrhea and four cases of syphilis followed in the twelve-month period.

Salmonella and Other Bowel Infestations — There were 61 cases of Salmonella and other bowel infestations identified and placed under surveillance, and follow up made of 140 contacts.

Other — Nurses made 133 visits to the home for follow-up counseling of persons with or contacts of Tuberculosis, and 102 visits for school children with pediculosis and/or skin conditions.

HOME NURSING CARE

It is the OBJECTIVE of this program to coordinate and provide services that assist persons in meeting their health and related needs in the home when this is the appropriate place for care. In addition to giving greater client satisfaction, it makes more effective use of institutional beds.

The Home Nursing Care program continued to expand. Each month approximately 355 persons received home care, some daily, some twice weekly, and others weekly. A total of 4,259 persons received 16,351 visits, totalling 15,387 man hours. This is an increase of 1,134 visits over the previous year. A number of clients also come regularly to the health unit for injections, and the nurse arranges for others to visit the manors for utilization of their facilities.

The Home Care Coordinator spoke to several groups and organizations regarding the home nursing care program and services provided. She also organized and coordinated four Cardiac Education programs held at the McGill Centre. The coordinator is also director of the Island Emergency Health Services.

DIABETES EDUCATION

There were 29 education sessions for diabetics at six locations, attended by 265 diabetics, and 132 family members and 24 professionals and students. The Diabetes Education staff provided follow-up care to 2,198 diabetics, and the public health nurse made 1,139 visits to diabetics in the home.

Staff at the Education Centre provide four educational sessions to professional groups with 16 in attendance.

CONGENITAL ANOMALY PROGRAM

The congenital anomaly surveillance program is one of the most comprehensive in Canada. All children identified are registered. During this period, there were 116 children born with a con-

genital anomaly identified. These are followed by the public health nurse and support is given as necessary.

HEALTH EDUCATION

The Health Education Coordinator organized four health education displays and participated in the health fairs in Summerside and Charlottetown, as well as, promoted special activities in immunization month and non-smoking week. New educational materials were developed for child and health care, the emphasis being on parent education in order to assist them in the early detection of abnormal growth and development of the child.

The coordinator assisted in organizing twelve major workshops and participated on two Task groups, and instructed staff for renewal of certification in C.P.R.

Nursing staff participated at health fairs, gave 189 talks on health topics to various community groups, and are members of 26 volunteer health related organizations.

FAMILY LIFE PROGRAM

The third year of the Family Life program had continued funding by the Family Planning Division, Health Services and Promotion Branch of Health and Welfare Canada.

A evaluation report of the first two years of the program was completed in May, 1981, This was followed by the development of a new philosphy and objectives for the program. During this period, the Family Life Coordinator had 49 meetings and gave 43 lectures to 907 persons at community schools, schools, professional groups, news media, and to individuals.

A teen Health Information Service known as T.H.I.S. was opened at McGill Centre on March 16, 1982. T.H.I.S. provides an opportunity to talk confidentially about personal health, community resources, and/or sexual concerns. T.H.I.S. is open on Tuesday afternoon, but a telephone answering service is available at other times.

COMMUNITY HEALTH NURSE

Promotion of a healthy life style for citizens continued to be the objective of the program. The nurse worked with various individuals, groups, and organizations in such things as fitness classes, health awareness themes, and marriage counseling.

DIVISION OF VITAL STATISTICS

D. A. Deacon, B.B.A., Director

Purpose

The primary function of the Division of Vital Statistics is to provide a central office for the registration of births, deaths, marriages, adoptions, divorces, stillbirths and changes of name. The Division also provides regular statistical analyses on this data as well as ad hoc reporting as required.

The collection of registrations is decentralized to 21 main population centres. Deputy district registrars forward registrations to the Director of Vital Statistics for permanent filing.

The Division is also responsible for collecting the occurrences of various communicable diseases from Island physicians and forwarding the totals to the Chief Health Officer. These statistics are used in epidemiological studies.

A detailed report of various vital statistics entitled "P.E.I. Department of Health & Social Services' Vital Statistics Annual Report" is printed under separate cover.

REGISTRATIONS, CERTIFICATES AND OTHER DOCUMENTS PROCESSED BY THE DIVISION OF VITAL STATISTICS

(These figures are based on the calendar year)

	1980	1981
Registrations accepted under the Vital Statistics Act:		
Birth registrations	1,954	1,968
Marriage registrations	939	849
Death registrations	1,000	972
Stillbirth registrations	12	14
Adoption orders	111	87
Divorce decrees	101	182
Delayed registrations	115	123
Total registrations accepted	4,232	4,195
Legitimations of birth	70	75
Corrections/Amendments made	397	421
Changes of name recorded under Change of Name Act	93	100
Certificates issued under the Vital Statistics Act:		
Birth (Short form or plastic)	6,196	6,117
Birth (Long form)	336	293
Marriage	428	510
Death	620	504
Total certificates	7,580	7,424
Marriage licenses issued under the Marriage Act	941	852

VITAL STATISTICS

PRINCE EDWARD ISLAND, 1976-1980

	1976	1977	1978	1979	1980
Population ('000's)	113.23	120.3	122.1	123.0	123.9
Live Births by residence*	1,941	1,969	1,985	1,934	1,958
Rate per 1000 population	16.4	16.4	16.3	15.7	15.8
Live births by occurrence*	1,945	1,970	1,980	1,925	1,954
Rate per 1000 population	16.5	16.4	16.2	15.7	15.8
Deaths by residence	1,095	1,046	994	1,022	989
Rate per 1000 population	9.3	8.7	8.1	8.3	7.9
Deaths by occurrence	1,084	1,007	971	1,004	1,000
Rate per 1000 population	9.2	8.4	8.0	8.2	8.1
Natural population increase	846	923	991	912	969
Rate per 1000 population	7.1	7.7	8.2	7.4	7.8
Stillbirths:					
20 to 27 weeks gestation	5	7	2	3	2
Rate per 1000 live births	2.6	3.6	1.0	1.6	1.0
28+ weeks gestation	18	14	12	14	10
Rate per 1000 live births	9.3	7.1	6.1	7.3	5.1
Maternal deaths	0	0	0	0	1
Rate per 1000 live births	-	-	-	-	.5
Marriages	971	892	939	893	939
Rate per 1000 population	8.2	7.4	7.7	7.3	7.6
Divorces	116	136	135	144	101
Rate per 100,000 population	98.1	113.1	110.6	117.1	[illegible]

* "By residence" means the death or birth of P.E.I. resident which occurred either on P.E.I. or elsewhere.

"By occurrence" means the death or birth of someone which occurred on P.E.I. regardless if resident or not.

FIELD SERVICES DIVISION

Nancy E. MacKinnon, Director

The Field Services Division is responsible for the delivery of all direct services to clients, with the exception of services provided by the Division of Aging. These services are provided through five regional offices located in the major centres of Prince Edward Island. The Division, through its five regional offices, provides the following programs:

(1) Child Welfare Services
   (a) Protection Services
   (b) Adoption Services
   (c) Foster Homes - group home and other substitute care programs
   (d) Services to juvenile delinquents and their families
   (e) Services to the Family Court
   (f) Services to single and unmarried parents

(2) Visiting Homemaker Services
   (a) To the elderly
   (b) To families

(3) Teaching Homemaker Services

(4) Nutrition Services

(5) Speech Therapy and Hearing Services

(6) Day Care Service Subsidy

(7) Financial Assistance

(8) Retardation Services

(9) Rehabilitation Services

(10) General Counselling

(11) A variety of other services related to the mental health program, school programs and various community needs.

The legislation which provides authority for the delivery of the above-noted services includes:

(a) Adoption Act

(b) Child Care Facilities Act

(c) Children's Act

(d) Family and Child Services Act

(e) Divorce Act

(f) Family Court Act

(g) Juvenile Delinquents Act

(h) Rehabilitation of Disabled Persons Act

(i) Welfare Assistance Act

With the exception of the two regional offices in Kings County, each regional office has a Regional Director who is responsible for the management of the office and delivery of services in the respective areas. The management structure of the Southern Kings and Eastern Kings regional offices is under one Regional Director with the staff of both offices reporting to him.

Constructive administrative changes in both supervisory and management staff during the year included the appointment in November of a Director for the Division of Field Services.

During the past fiscal year, emphasis was placed on children with special needs. "Special needs" refers to children who have attained their second birthday, twins, a sibling group who is to be placed together, infants under 2 years who have experienced serious abuse or profound neg-

lect, and children who are physically, intellectually, or emotionally handicapped. Adoptive homes were found for ten of these children. Within this number there were three separate sibling groups. Placements were found for an additional nine special needs children, including two sibling groups.

Six staff members of Field Services Division successfully participated in courses under the decentralized Bachelor of Social Work program. Four additional staff members obtained professional degrees.

In the area of staff training, several new orientation workshops have been established for new staff of the Division. A special 10-day course has been developed also for workers involved in child protection work.

The Family and Child Services Act, assented to in April 1981, was proclaimed in January, 1982. Prior to its proclamation, the Division redrafted much of its policy and procedure to ensure that the intent of the legislation would be operationalized. In addition, a staff training program was developed and delivered to all staff in the child protection service area to ensure that the intent of the new Act was understood and put into practice.

Speech Therapy Program

Speech Therapy services were provided in the five regional offices during the 1981/82 fiscal year. However, interruptions in service occurred as a result of a vacancy in Region 1, special leave in Region 2 to allow the Speech Therapist to enrol in a French Immersion program, and maternity leaves in Region 3 and at the Rehabilitation Centre.

Staff changes involved the recruitment of a Speech and Hearing Co-ordinator, a replacement for Region 1, and the creation and filling of a new position in Region 2.

Speech Therapy services were extended through the continued use of speech therapy aides and volunteers. Four of the Island's five school units received an extension of service as a result of the aides/volunteers.

Because of staff shortages in August, 1981, only one Speech Therapy camp was held. Twenty-two campers were in attendance.

In the clinic program 248 new cases were seen and 111 cases terminated. A total of 1,649 therapy sessions were held.

Speech Therapy services were provided to all school units on the Island, with priority given to the elementary schools. A total of 1,687 new cases were seen in the schools, with 2,342 therapy sessions completed.

The demand for Speech Therapy services has increased and it is anticipated this demand will continue.

Early Childhood Development Program

The position of Early Childhood Development Coordinator was filled in June, 1981.

During the 1981/1982 fiscal year, the Child Care Facilities Board issued licenses to 63 existing centres and received applications from 6 new preschool and 4 new day-care operations to bring the total number of centres involved to 73. A total of 5 centres closed during the last fiscal year.

Altogether, there are 27 full-day (day care) programs, providing care for 465 children, ranging from infants to 5 year olds. The Child Care Subsidy Program subsidized 199 (44.7%) of these children.

There are 46 half-day (kindergarten, nursery school) programs serving 1,055 children. The majority of these children (1,016) are registered in kindergarten programs. Subsidies were provided to 64 children, bringing the total number of subsidized children to 263.

A policy relating to children with special needs has been adopted. This policy provides for assessment, placement, and accountability, as well as a higher per diem rate to cover actual costs. Staff training and development is an additional component to this policy.

The sliding fee scale for the day care subsidy program was revised and increased by 13% to reflect the higher cost of living.

The Department turned over the Equipment Library to the Early Childhood Development Association. The Department also contributed to the Library's operation with its annual grant.

The Department co-sponsored (with Holland College and Early Childhood Development Association) two series of Extension Courses across the Province. These series dealt with Professional Development and Effective Parenting.

A "Parent's Guide to Early Childhood Programs" has been developed to assist parents in the careful selection of a child care centre. The guide includes a directory of all licensed centres.

The Coordinator was heavily involved in consultation with both the interim and permanent Board of Directors of the Play and Learn Project, a community-run project in King's County. P.A.L. is a mobile resource unit for parents and their preschool children.

A Survey Database Program for Early Childhood Statistics was established.

The Coordinator gave a total of 15 workshops and 2 short courses of 20 hours each to child care operators, parents, interested community groups, public health nurses, and students. The Coordinator organized an additional 6 seminars, and a 12-week course.

Approximately 125 consultations were carried out with members of the Department, operators of existing early childhood facilities, as well as groups and individuals interested in implementing and improving early childhood facilities.

Nutrition Services

Consistent with general trends in the Department, Nutrition Services has seen a significant increase in caseload this year. Five Hundred (500) new cases were opened during the year with priority continuing to be placed on prenatal nutirition (52%) and infant nutrition (36%). An on-going evaluation of the prenatal nutirition counselling service continues to indicate a positive effect of this program.

Nutrition Education sessions were provided to 114 professionals and community groups. Approximately 1,500 people attended these sessions.

Nutritionists responded to almost 1,000 requests for nutrition information/consultation. These requests continue to come primarily from the staff of the Department of Health and Social Services, members of the medical and dietetic professions, and the general public.

This year was the first for the province-wide milk ticket program for pregnant women receiving nutirition counselling. Prior to implementation of the milk ticket program (1979-80), 52% of clients achieved an adequate milk intake. In 1981-82 with the milk ticket program 75% of clients were consuming an adequate intake of milk. It is apparent that a significant improvement in milk intake by disadvantaged pregnant women has been achieved with this program.

Nutrition Services provided one month rotations in community nutrition for two dietetic interns from the Victoria General Hospital, Halifax.

Nutrition Services continued to support the Prince Edward Island Dietetic Association in National Nutrition Month.

Nutrition Services Program Data

Nutrition Counselling

Cases Opened In	1979-80	1980-81	1981-82
Region 1	34	60	80
Region 2	55	86	158
Region 3	82	93	142
Region 4	45	41	50
Region 5	42	32	61
TOTAL	258	312	491

Reasons for Nutrition Counselling	1979-80	1980-81	1981-82
Pregnancy	48%	58%	261-52%
Infant Feeding	32%	31%	180-36%
Obesity	5%	2%	18- 4%
General Nutrition	5%	2%	- 3%
Other (Children-in-Care, PKU, Therapeutic Diets)	10%	7%	41 - 5%
TOTALS	100%	100%	100%

Nutrition Services - Nutrition Education/Consultation

Region	Number of Nutrition Education Sessions	Persons Attending	Nutrition Consultation
1	6	295	106
2	29	332	208
3	24	431	133
4	14	280	198
5	16	199	133
Central Office	25	257	220
Total	114	1,794	998

CHILDREN IN CARE

There were 236 children in the care of the Director of Child Welfare as at the end of the fiscal year, compared to 238 in the previous year. Thirty-eight children were in care under voluntary agreements between the Director and parents; 23 were under rotective apprehension awaiting a court order; 6 were in care under the Juvenile Delinquents Act; 38 were temporary wards; and 131 were permanent wards.

(1) Adoptions

The Provincial Adoption Registry records 91 adoptions finalized during the year under review, compared to 97 the previous year. Of these, 25 were wards of the Director of Child Welfare, 31 were wards of private agencies, and 35 were private adoptions. Sixty-seven adoptions were finalized in the Province and 24 were finalized in other jurisdictions.

(2) Foster Care

During the fiscal year 1981/1982, there were 166 approved foster homes, three approved emergency foster homes, and four approved group foster homes in operation, as well as five group homes for the care of adolescents.

(3) Juveniles in Training School

At the end of the fiscal year, there were 6 males, 0 females in the Nova Scotia Training School under court order. During the year there were 8 first-time admissions (6 male, 2 female) and three male re-admissions. The average training school stay was 6.7 months.

WEST PRINCE COUNTY REGIONAL OFFICE (REGION 1 - O'LEARY)

During the fiscal year 1981/1982, the regional office continued to develop and adjust staff resources in an effort to provide an even higher quality service and to develop a stronger bond with the West Prince Community and other community resources.

This region was without the services of a speech therapist from April, 1981 to January, 1982. The vacancy was created when the previous therapist moved to the position of Coordinator of Speech and Hearing. Much work had to be done by the new speech therapist, especially since no school children had been screened in the fall. We were successful in obtaining the services of eight additional volunteer speech aides for a total of thirteen volunteers working in six schools in Unit 1. Despite the delay in starting the services, the combined efforts of the speech therapist and the volunteers rendered a successful year in both the schools and clinic.

During the past winter, staff had the opportunity to put their Emergency Welfare Services training into practice. During the major snowstorm, many of the staff kept the office open 'round-the-clock' for six days. They were kept busy handling requests for groceries, oil, and other crisis situations as well as arranging transportation for medical emergencies.

The Intake Team has been busy this past year. There has been an increase of 19 per cent in the demand for financial assistance services. There also has been an increase in the demand for homemaker services, speech therapy, child protection concerns, and services to juvenile delinquents.

Members of the Child Care Team have been involved in helping to rewrite or revise various policies and instructions pertaining to the new Child Welfare Legislation proclaimed this past year. As a result of the new Legislation, staff have been involved in extensive training. They have also participated in various workshops offered by the Civil Service Commission and the Department.

Staff of this region have continued to respond to community requests for speakers, particularly to address the issues of child abuse and neglect.

Some staff members are involved with various community groups such as Community Based Services for the Elderly and the local CAMR branches.

Over the past year, the children's group home operated quite successfully, with an average of four children per month in the home.

Generally speaking, the region has experienced a busy and successful year.

SUMMERSIDE AND AREA REGIONAL OFFICE (REGION 2)

During the 1981/82 fiscal year, the Summerside office continued to offer quality service to the public, despite a number of staff vacancies and changes. A new Regional Director and a new Supervisor were appointed through in-service promotions, resulting in two senior social work positions being vacant most of the year.

The team structure remained unchanged except for the development of a clerical team with a designated supervisor who was able to represent their concerns at regional management level.

A second speech therapist was added to the staff complement increasing service to the general community and in the schools. A contract for full-time speech therapy was developed with the schools within Region 2.

For the first time, the office took students from Bachelor of Social Work programs for their field placements. Two students, one from Dalhousie University and one from Universitie de Moncton, completed their four-month field placements in our office.

A case aide summer program was carried out for the second year and was very successful in assisting social workers in delivering services to children.

Some improvements in the physical facilities were finally achieved, resulting in increased privacy at the reception area. As well, additional offices were obtained when the Department of Agriculture moved to the Regional Services Centre.

There was an overall increase of 8.7% in total service demand during the fiscal year. The largest increase was in the financial assistance service, which saw an increase of 11.9%

Services to adolescents experiencing difficulties continued to be offered through our group home even though it underwent staff changes. Fifteen adolescents were admitted during the year.

The regional Foster Parents Association, with the support of an office supervisor, formalized during the year with an executive being appointed and a constitution drawn up. It has become a resource for prospective foster parents to learn about the service before committing themselves to taking foster children.

Group assessments of prospective adoptive couples continued during the year and was found beneficial by staff and families. Group sessions were also carried out by the nutritionists in delivering infant-feeding counselling to their clients.

There was increased coordination with other community agencies in delivering services, especially Community Mental Health, Addiction Services, Unit II Schools, and C.A.M.R. Services.

In summary, despite staff vacancies and service-load increase, the Summerside Regional Office was able to offer quality service due in great part to the dedication of all regional staff. The office is hoping for a full staff complement in the coming year to enable us to meet the ever-increasing demand for services.

CHARLOTTETOWN AND AREA REGIONAL OFFICE (REGION 3)

Financial assistance services levels usually peak in March and hit a low in July. The low in July, 1980, was 2,034, while the low in July, 1981, was 2,297, indicating an increase of 263 long-term assistance services in one year.

The difference between the peaks in March and the lows in July indicate the number of seasonal services. In 1981, the seasonal services totaled 196 but by March, 1982, the peak in services was 136 cases over the peak in March, 1981.

Overall services followed a similar pattern as financial assistance services with an increase in 1981, at the low point of 420 services over 1980, and an increase at the high point of 440 services.

In the 21 months between July, 1980, and March, 1982, overall services increased by 35 percent.

The general increase in caseload has created an increase in referrals to other agencies for specific services. The resources receiving referrals are agencies such as: Richmond Centre, McGill Treatment Centre, The Catholic Family Services Bureau, MacDonald's Family Counselling Inc. and the Protestant Family Services Bureau.

The proclamation of the Child and Family Services Act necessitated changes in many regulations, policies, and procedures in the area of services to families and children. During the fiscal year 1981-1982, the Child in Care Services were merged with the Child and Family Services Team.

The amalgamation of the two services working with families and children created a flexible unit which could respond more rapidly and effectively to the needs of children and their families.

To enable workers to function more effectively under the new legislation, a large number of staff participated in training on the new Child and Family Services Act.

A team of financial assistance workers were separated a couple of years ago from other financial workers to create a rehabilitation team. During the 1981-82 year, cases on other teams in which the clients were either mentally retarded or physically disabled, were transferred (exchanged) on a one-for-one basis to the Rehabilitation Team. The process is not yet complete, but will allow future specialization in this area.

A maintenance enforcement project was commenced in July of 1981. During the first six months of operation, 39 women were referred to legal counsel to obtain financial support from their former spouse.

Compared to other regional offices, the larger supervisory span of control in Region 3 remains a problem.

Caseloads, especially in the financial assistance area, have increased steadily and staff have been absorbing the increase in work demands in a commendable spirit. Nevertheless, stress has taken its toll on all staff.

Only supervisory staff, intake workers, some secretaries, and specialists have their own offices. The majority of offices house between two to five staff, thus eliminating office interviews. This situation results in most interviews being held in the client's home, resulting in an increase in travel time and expense. Often when a client appears at the office, there is no space available for an interview.

SOUTHERN KINGS AND EASTERN KINGS COUNTY REGIONAL OFFICES

(Region 4 - Montague and Region 5 - Souris)

The past year was one of activity and change: activity due to increased demand for services and staff turnover; change due to the continuing implementation of the one-management system for the Montague and Souris offices.

Although there was a great deal of staff activity over the year, there was no increase in staff. Two workers were approved for educational leave with partial pay, one for a full academic year and the other for one semester. Hence, a replacement was hired to cover these positions. Two social service workers were hired to cover vacancies created by retirement and promotion. During the year a new staff complement was hired for the children's group home to fill vacancies created by resignations. A social worker was also hired during the year to cover a vacancy created by a promotion. The Montague and Souris offices also experience new faces due to staff transfers between offices and shared workload responsibilities.

Almost two-thirds of the County staff experienced a change in role and responsibilities. For many this change was significant and resulted in positions being reclassified. Implications for those staff were promotions, role enhancement, and new challenges.

Over the year there was an increase of 134 in the demand for services in both Souris and Montague. Financial assistance comprised more than 50% of this increase. Figures for both offices for March of 1981 and 1982 are as follows:

Montague Caseload Activity	Current	Active in Month
March 1981	701	777
March 1982	766	858

Souris Caseload Activity	Current	Active in Month
March 1981	479	548
March 1982	548	628

Intake in both offices was heavy during the year. In addition to financial assistance, the general counselling caseload increased significantly. All other services either remained the same or indicated a slight increase.

The children's group home had an active year and operated with full occupancy.

Staff have participated in community activities in the form of consultation, presentations, and planning with day care centres, boards, the Play and Learn Project, Community-Based Services to the Elderly, sheltered workshops, group homes for the mentally retarded, Kings County Addiction Services, schools, Community Mental Health, and other services.

Work priorities for the year, in addition to the on-going service delivery, were supervision, staffing, and staff training. These priorities were emphasized because of service demands and the changes resulting from the integration of Montague and Souris.

During the year under review, an evaluation was conducted on the integration of Montague and Souris. The objectives of the integration were:

(1) to improve service delivery and maximize the allocation of staff resources in Kings County
(2) to redistribute management responsibilities within the Field Services Division
(3) to develop career advancement opportunities within the Field Services Division.

This evaluation was positive and concluded that the objectives had been realized. A great deal of credit is due all staff throughout the County in achieving the objectives.

SHERWOOD HOME

Sherwood Home has experienced a busy year in meeting the developmental and residential needs of the 21 children who live at the home, as well as the 6 children who attend the day program. Once again, much credit must go to the dedication and hard work of the staff who are truly committed to improving the life-style of mentally handicapped children.

As usual, all children were formally assessed and long-term objectives were set for the year. Programs were then devised and implemented on an individual basis. These programs were evaluated regularly. While not all the objectives were acheived, notable progress was made by some of the children.

During the year, much emphasis was placed on improving the quality of programs during the early evening hours, between 5:00 p.m. and 8:00 p.m., so that the children experience a more relaxed environment as well as more individual attention. To achieve this goal, a change was made in the time schedule, so that two Child Development Workers worked from 12:00 noon to 8:00 p.m. rather than the previous 11:00 a.m. to 7:00 p.m. shift. This provided a one-hour overlap with the night staff, who work from 7:00 p.m. to 7: a.m. The change had a very positive effect on the children, allowing more time for socialization and self-help programs. It also resulted in less frustation for staff.

During the year, as a pilot project, 2 six-year-old children from Sherwood Home were integrated into the Sherwood-Parkdale Headstart Kindergarten program, accompanied by a staff member from Sherwood Home. The result of this project is not yet complete, but it appears that the children gained in their socialization skills from having the opportunity to peer-model normal children.

Last summer, Labatt's Breweries sponsored a summer works project that provided Sherwood Home with three students for twelve weeks. These students supported regular staff in providing a summer recreational-leisure time program for the children. Many of the children experienced a first-time summer vacation off the Island, while many others were involved in integrated activities within the community.

In December, the Department of Health and Social Services conducted a program audit of Sherwood Home, which identified areas of strengths and weaknesses within Sherwood Home and the Department. Recommendations from this study, when implemented, will improve and the quality of care for the children. Social workers from the regional offices who are responsible for placing children at Sherwood Home will be encouraged to become more involved in long-term planning for the children and their families.

During the year, two of the children at Sherwood Home reached their 18th birthday. An extension of one year was granted to enable these young adults to transfer to a group home that will be opening next fall. This home will serve the needs of more severely handicapped adults. Otherwise, these adults would have no alternative but to transfer to Hillsborough Hospital.

A considerable amount of work was done on redecorating the home, which resulted in the livingroom and diningroom areas of the home being newly wallpapered, and many other areas painted. New drapery was purchased for parts of the home. This has made the home more attractive and comfortable for the children.

During the year, a volunteer program was developed at Sherwood Home that involved five volunteers in a 1:1 relationship with the children in a socialization program.

Volunteers came weekly and took the children on outings into the community or spent time with them at the home working on special projects, such as arts and crafts, music, etc. The children looked forward to their volunteers coming and gained much from the friendship and individual attention they received.

Several in-service sessions were held throughout the year for staff that involved sign language, proper body mechanics, lifting and moving, program planning and goal planning. Several staff took night courses at Holland College as well as at U.P.E.I.

Respite care service continues to be used frequently by parents of mentally handicapped children. This service provides necessary support for these families, allowing them freedom to take short trips, etc., while placing their child at Sherwood Home.

Sherwood Home served as a practicum site for six students from the Mental Retardation program at Holland College, students from the School of Nursing and L.N.A. school, as well as new employees to the Department of Health and Social Services.

Sherwood Home continued to receive much support from professionals in the community such as a pediatrician, dentist, physiotherapist, occupational therapist, etc. Many of the children had referrals to the Occupational Therapy Services of the Rehabilitation Centre to have proper seating chairs made.

Statistical Report

Total admissions	37
Treatment/training	3
Respite care	32
Discharges	5
Total resident days	7,666
Average daily occupancy	21
Day care program	6

SERVICE BREAKDOWN BY REGIONAL OFFICE
FOR MARCH 31, 1981, AND MARCH 31, 1982

SERVICE	O'LEARY		SUMMERSIDE		CHARLOTTETOWN		MONTAGUE		SOURIS		CENTRAL OFFICE		PROVINCE *	
	MAR/81	MAR/82	MAR/81	MAR/82	MAR/81	MAR/82	MAR/81	MAR/82	MAR/81	MAR/82	MAR/81	MAR/82	MAR/81	MAR/82
Financial Assistance	449	546	747	838	2,514	2,639	524	564	351	384	4	2	4,563	4,958
Rehabilitation	35	38	19	22	62	80	21	20	17	20	1	1	152	181
Visiting Homemakers	96	97	126	137	154	149	43	48	23	28	–	–	441	459
Homehelpers	12	7	34	35	61	80	25	15	7	12	–	–	139	126
Day Care	15	18	62	35	156	173	32	33	29	28	–	–	294	284
Nutrition	42	30	62	57	71	79	28	36	22	44	3	3	224	243
Speech Therapy	53	51	60	62	75	94	15	20	24	21	–	–	227	248
Counselling	44	34	51	26	125	156	27	50	44	27	–	–	290	298
Intake Review	–	–	1	–	5	3	–	–	–	–	–	–	6	3
Juventine Delinquent	16	21	26	24	20	27	3	8	4	9	–	–	67	89
Protection	11	19	45	30	48	83	13	9	5	7	–	–	122	146
Children - in - Care	40	28	63	58	89	109	26	31	5	4	7	20	227	244
Adoptive Parents	8	5	40	41	66	66	10	11	12	14	1	1	137	138
Foster Parents	34	27	41	44	54	69	18	18	9	8	–	–	156	166
Audiology	–	33	–	87	–	140	–	26	–	26	–	1	–	314
Case Alert	–	–	–	–	–	–	–	–	–	–	–	8	–	8
Private Adoption	1	1	4	6	4	2	–	1	–	–	–	–	9	10
TOTAL SERVICES	856	956	1,380	1,502	3,504	3,928	787	899	548	634	16	36	7,064	7,917
TOTAL CASES	714	812	1,120	1,327	2,986	3,333	648	742	439	499	14	34	5,818	6,743

* The Provincial Totals may not add horizontally because services/cases transferring between regions are counted in both locations.

DIVISION OF SERVICES TO THE AGING

Lloyd G. MacNevin, Director

The Division of Services to the Aging has the primary responsibility for promoting, providing and co-ordinating services to people 60 years of age and over on Prince Edward Island. The scope of the responsibilities include:

(1) The provision of an information centre to provide information about and for the elderly population including community services and resources, residential options, and methods of accessing these services.

(2) Assessing the elderly in the community, defining service gaps and developing programs and resources to meet the defined need.

(3) The provision of case planning for services and programs to meet the needs of the frail elderly in residential and community settings.

(4) The evaluation of facilities and programs according to established standards.

(5) The promotion and provision of educational opportunities in geriatrics and gerontology.

To fulfill our responsibilities we must continue to improve on the programs that are already in place and to embark on new programs which will eventually lead to a comprehensive program whereby the elderly people in our Province will be able to select the service which they need, and the services and resources will be in place to serve that need.

Programs which are now in place and are well known to our citizens are: Homemakers provided through the Regional Offices of the Department and the Homes for the Aged - in Alberton, Maplewood Manor; Summerside, Summerset Manor; Charlottetown, Beach Grove and Provincial Home for the Aged; Montague, Riverview Manor; Souris, Colville Manor. Each of these homes is becoming the centre from which community services will eminate. As well as providing care for their full time residents, each home offers adult day care service, respite care, meals-on-wheels. In conjunction with the homes a new program in its intitial stages is Community Based Services to the Elderly.

Community Based Services to the Elderly

The purpose of this program is to provide a range of necessary social and health services to the elderly to enable them to remain independent in their community as long as possible.

Without detailing the principles and objectives of such a program, a condensed version is one of co-operative effort between agencies of government and agencies which are already in place within the community; e.g., Red Cross, service clubs, church groups, Women's Institutes, etc.; working together and utilizing government and community resources so that elderly citizens will be able to have their needs met within their own community by having services provided to them at home.

To this end, Regional Action Committees have been formed in O'Leary, Summerside, Charlottetown and Montague/Souris. These committees consist of public servants and community representatives of whom a number are senior citizens. Their first objective is to identify service needs of the elderly in the community and the resources which are available in the community to meet these needs.

In addition to the Regional Action Committees, there is a working group of specialists who will assist the Regional Action Committees in areas which may need some special knowledge. The members of this group also have their regular duties, as do the members of the Regional Action Groups.

Community Care Facilities

Staff of the division have been involved in a Committee comissioned by our former Minister, now Premier Lee, to look into the operation of homes giving personal care to residents but which are not licensed under any statute of Prince Edward Island. The deliberations of this Committee resulted in the Community Care Facilities Act which was passed at the last session of the Legislative Assembly. It is probable that this Act and its Regulations will be administered by this Division.

Re-Use of General Hospitals

Much time and effort has been given to the planning for the use of the Charlottetown and P.E.I. Hospitals which became vacant when patients were transferred to the new Queen Elizabeth Hospital.

One of the uses suggested is to transfer the residents from Beach Grove and Provincial Home for the Aged to the vacant hospitals. This necessitated the formation of a Committee from each of these homes to study these facilities and to suggest structural changes and staffing changes which would be necessary to meet the modern concept of care for elderly persons as exemplified in such homes as Summerset, Maplewood, Riverview and Colville Manors. I am obliged to report that acute care general hospitals do not lend themselves readily to provision of long term care. It must be remembered that acute hospitals have their patients for an average of seven days, while long term care homes have their residents for an average 3 to 4 years, some much longer. It is obvious therefore that space requirements for long term care are much greater than for short or acute term care. There are, of course, many other aspects to be considered which do not lend themselves to consideration here.

It was noted earlier in this report that the Division has the operation of several homes included in its mandate and this report would not be complete if it did not mention the highlights of the past year. Before doing so, I am pleased to say that the quality of care given to residents in our homes is excellent. Many compliments have been paid to the Administrators and staff from visitors and relatives of our residents. Colleagues from other Provinces and from the U.S.A. have looked with envy at the accomplishments of the staff in our homes. The Accreditation Council was high in its praise of the care given and the physical appearance of the homes. Likewise the Provincial Fire Marshall and the Department of Public Health compliment the staff on their efforts.

Maplewood Manor, Alberton

The Administrator and Director of Nursing are active in the Regional Action Group in planning for Community Based Services to the Elderly. They have been successful in establishing their Home as a hub for senior citizens acitivities in the Alberton area.

Through Federal grants such as Young Canada Works and New Horizons they have been able to enlist the services of three students for the past summer. Many activities were promoted by the students which were enjoyed by our residents.

A garden centre has been constructed within the home and many varieties of plants are being started. A woodworking section has also been added to the list of activities available from which the residents can choose.

Volunteers play a large part in the daily lives of the residents and many people give of their time to this cause. We thank them for it. Within the next year it is planned to form an Auxiliary at Maplewood Manor.

In **Summerset Manor**, Summerside, activities go on daily, all in addition to the routine care that is so excellently given. Many aspects of a Community Care Program are in place, as in the other homes, such as whirlpool baths, social interaction, remedial fitness exercises.

The Ladies Auxiliary is most active and in addition to their visits they have conducted sales, raffles, auctions, etc. to add monies to the fund which is used to provide amenities for the residents that cannot be purchased through manor appropriations.

Some interesting items: Golden Years Club of the manor hosted the annual meeting of the P.E.I. Senior Citizens Federation; the manor had a visit from the "Flying Fathers" hockey team; residents and staff participated in the "Terry Fox" run. The Centenarians celebrating birthdays were Mrs. Annie MacKay, her one hundredth, and Parnell Cosgrove was one hundred and one. The fifty-fifth wedding anniversary of Mr. & Mrs. Edmond Doucette was also a year highlight. The residents entered their float in the Bedeque Day Parade, Summerside Lobster Carnival, Gold Cup & Saucer Parade, Kensington Harvest Festival.

Residents and staff were sorry to bid adieu to Julia Donahoe, Dietitian. Julia however returned as a volunteer and is still active in that capacity. The new Dietitian welcomed by all is Kathy Sullivan.

At Souris, **Colville Manor** made its contribution to Community Services as well as providing excellent care to its residents. The Administrator is Chairman of the Souris-Montague Regional Action Group and they have already initiated a program of telephone assurance to the elderly in the community.

The major event at Colville was the opening of the new activities area which added considerable space to the existing area. Activities are enjoyed by such a high percentage of residents that the original space was insufficent for their needs. The new addition also provided much needed storage space for good stuffs and other material.

Colville has established an equipment fund to which anyone can make a contribution. The response to date has been good. Funds have been put to use in remodeling a solarium into a chapel complete with pews, altar and electric organ.

Many are the in-service programs which were conducted during the year. There is no question in the Administrator's mind but that a well-informed and trained staff results in an improvement in the quality of care which can be enjoyed by the residents.

The tenth anniversary of the opening of Colville Manor is in the works for later on this year. Already Committees are actively engaged in the plans and programs for that day. Good luck.

Riverview Manor in Montague enjoyed another good year, and, like the other homes, is known for its excellent care. Perhaps the highlight of the year, other than the care given which is always a highlight, was the construction of a large sun deck and wheelchair ramp. This ramp is accessible either by ramp or through electrically operated doors which open to the touch and are designed for the safe passage of wheelchairs.

The residents float was entered in the Montague Canada Day parade and it was accompanied by thirty three residents.

Residents were sorry to see their Activity Director, Linda Munro, resign her position. Linda was a favorite of everyone.

Margaret Gillis has taken over the Activity Director position and brings to the job her own distinctive personality which will endear her to the resident population and staff.

Provincial Home for the Aged has devoted and is devoting time and effort in the planning for the remodelling of the old Charlottetown Hospital and for the part-time staffing system which is hoped will be accepted as a method of staffing.

Brecken House, which is our only formalized adult day care program, has operated most successfully for the year past. Brecken House is designed to offer a program to the elderly person who is in need of care on a daily basis who otherwise would be housebound entirely. For those who cannot get transportation to Brecken House, transportation is provided.

As in other homes, some staff changes have been inevitable. Ms. Betty Hall left her position as Director of Resident Care to take a position at U.P.E.I. Mr. Peter Sudworth, In-Service instructor at Hillsborough Hospital, is the new Director of Resident Care.

Beach Grove, as in the case of Provincial Home for the Aged, is involved in planning the remodelling of the P.E.I. Hospital from acute to long term care.

A report of significance from Beach Grove is the positive response to the system of part-time staffing. They report an improvement in staff morale, a reduction in the amount of sick leave used and the flexibility provided. The part-time staffing concept is a controversial subject within the system.

In-service training was high on the agenda during the year and many in-service courses were initiated. In addition, staff took the opportunity to enroll in many workshops and seminars provided by the Staff Development and Training branch of the Civil Service Commission.

Residents of Beach Grove also built and decorated a float which was entered in the Gold Cup and Saucer parade. Residents of the Beach were seated on the float in the parade.

At the Kinsmen Senior Centre the woodworkers of Beach Grove had their wares up for sale and many items of their woodworking skills were purchased by citizens - a tribute to Mr. Carr who is the volunteer instructor at the Beach.

An innovation unique in Canada was the opening of a children's Day Care Centre in the residence adjacent to the main building called the "Ever Young Centre for Learning". The children visit the elderly daily and join them in their exercise class. Although this is a new venture, it looks as if it will be a huge success.

Staff changes in the department head group saw Miss Edith Hume, R.N. retire after thirty years as Director of Nursing. Everyone at the home was devoted to her, as was she to all the residents, families and staff who knew her over the years. We wish her well.

Miss Carolyn Mill, P.Dt., accepted a position at the Queen Elizabeth Hospital and again we had to say good bye to a valued member of the treatment team.

The new Director of Resident Care is Marie McAulay who came to us from the Charlottetown Hospital. Marie is now settled in and is at home in her new surroundings. Ms. Betty McNab, P.Dt., has assumed the duties of Dietitian. Betty was with the Charlottetown School of Nursing as an instructor prior to joining the Beach Grove staff.

Division Activities

The Division's headquarters staff consists of the Director, Administrative Assistant, Social Worker, Social Service Worker, Bachelor of Nursing, Registered Occupational Therapist, Dietitian and part-time Secretary.

Many secondary duties have been assigned to the Division's staff in addition to their main duties. Such involvement included planning and assisting in the Community Based Services to the Elderly; re-use of old hospitals; staffing study; community care facilities, membership in Regional Action Committees and so on.

Since all requests for service are submitted to the Central Office the Social Worker and Social Service Worker must visit each applicant to assess his need for service. This requires travelling from one end of P.E.I. to the other. Where it is determined that admission to a home is not

indicated they then seek an alternative method of care. This may take the form of providing for homemakers, admission to a day care program, or short term admission to a home. Other alternatives may be a foster home or personal care home.

While the basic component to the duties of the Division Specialists — Nurse, R.O.T. and Dietitian — is to assist the homes and manors in seeking ways and means to improve resident care, they have a broader mandate as heretofore indicated.

Again it is not possible to give detail but rather to mention some examples of their expertise being utilized in other ways. Rather than report them invidually, consider these excerpts as team efforts. Education to community groups in the field of gerontology, including the training of volunteens to serve in our homes; the Senior Chef T.V. program through CBCT — A resounding success — and follow up to evaluate the program; the distribution of cook books to those who requested them; the distribution of the booklet "Stay Healthy for All Your Life". Also, a series of Gerontology Update courses for those who work in government homes and private nursing homes; close liaison with Holland College and the Geriatric Worker Course; representing the Province on a Federal/Provincial Home Care Committee; advocating for the needs of the elderly whenever or wherever the opportunity arises.

All in all the year has been a very busy one for this Division. However, we have only begun to really get involved in providing for the elderly on P.E.I.

The coming year should see an acceleration in the program to offer alternatives to institutional care and better yet enable the elderly to remain in their own homes as independent members of the community.

ANNUAL REPORT OF RESIDENTS - ALL HOMES AND MANORS
1981-1982

			UNDER 60	60 64	65 69	70 79	80 89	90 99	100 OVER	TOTAL
1. RESIDENTS as of 1 April 81 :		M	5	2	12	50	75	35	2	181
		F	0	4	19	54	144	74	6	311
2. NEW ADMISSIONS:	Hospital	M	0	1	2	8	14	0	0	25
		F	0	0	0	5	7	2	0	14
	Psychiatric	M	0	2	0	0	1	0	0	3
		F	0	0	0	0	1	0	0	1
	Community	M	0	0	0	7	9	5	0	21
		F	0	0	0	3	26	6	0	35
	Other	M	0	2	0	1	3	0	0	6
		F	0	1	0	2	5	0	0	8
3. RE-ADMISSIONS:	Hospital	M	0	0	2	11	14	3	1	31
		F	0	2	2	12	21	3	0	40
	Psychiatric	M	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0
	Community	M	0	0	0	2	2	0	0	4
		F	0	0	0	0	0	0	0	0
	Other	M	0	0	0	0	0	0	0	0
		F	0	0	0	0	0	0	0	0
4. DISCHARGES:	Hospital	M	0	0	2	15	15	4	1	37
		F	0	2	3	14	25	4	0	48
	Psychiatric	M	0	1	1	0	0	0	0	2
		F	0	0	0	0	0	0	0	0
	Community	M	0	0	1	2	1	0	0	4
		F	0	0	0	0	3	0	0	3
	Other	M	0	0	0	0	2	0	0	2
		F	0	0	0	0	0	0	0	0
5. DEATHS:		M	0	1	1	4	16	13	0	35
		F	0	0	0	9	11	21	3	44
6. RESIDENTS as of March 31 82:		M	5	5	8	52	81	34	2	187
		F	0	7	14	51	151	71	3	297
7. TOTAL RESIDENTS			5	12	22	103	232	105	5	484
8. DISCHARGES TO HOSPITAL WHERE DEATH LATER OCCURS:		M	0	0	1	5	4	2	0	12
		F	0	0	1	1	9	1	0	12

	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	TOTAL
CAPACITY	14850	15345	14850	15345	15345	14850	15345	14850	15345	15345	13860	15345	180675
RESIDENT DAYS	14232	14832	14379	14855	14884	14312	14941	14382	14855	14889	13390	14903	174897
% OCCUPANCY	95.8	96.7	96.8	96.8	97.0	96.4	97.4	96.8	96.8	97.0	96.6	97.1	96.8

AVERAGE LENGTH OF STAY:	Years	Months	Days
	4	5	13

SPECIAL SERVICES DIVISION

Lynn Ellsworth, Director

General

In spite of some role uncertainity resulting from Departmental amalgamation plans, the Special Services Division enjoyed a most successful and productive year in 1981-82. At any given time during the year, between 150 and 200 individual project assignments were being carried out by the staff of the Division. The seemingly endless capacity of the Division to take on new work and to adjust priorities is illustrative of the professional discipline, flexibility, and motivation of the staff at all levels.

As an integrated support Division, Special Services carries responsibilities in a broad range of Departmental support areas, including Program Management, Program Development, Policy Development, Legislation, Consultation and Professional Support, Development and Monitoring of Contractual Agreements, Planning, Research, Evaluation, and Departmental Representation.

Program Management areas in 1981-82 were: Audiology, Group Homes for the Adult Mentally Retarded, Community Services for the Elderly, Day Care Inspection and Licensing, and Milk Ticket Program administration.

Program support and development areas were: Early Childhood Development/Day Care, Nutrition, Speech Therapy, Income Security, Child Welfare, Rehabilitation, and Residential/Vocational Services for the Disabled.

Staff Changes

The problems of high staff turnover and long-term vacancies cited in 1980-81's report were solved during 1981-82.

One vacant general Planning position was converted to a new position which combined the functions of Program Support in Financial Assistance and Child Welfare, chairman to the Child Care Facilities Board, and Team Leader to the Specialist Support Team. We were fortunate to recruit Larry Bredesen to this position from his former position as Region II Director for Field Services.

As well, Eleanor Jewell, Judi Smith, Kathy Rochon and Lise Benziger joined the Division to serve as Co-ordinator of Speech and Hearing, Program Development Specialist in Mental Retardation, Co-ordinator of Early Childhood Development/Day Care, and Audiologist respectively.

In September, Paddy Bruce returned from a year's Educational Leave at the University of British Columbia with a Master's Degree in Social Work, and resumed her duties as general Program Development Specialist.

In addition to these changes, three reclassifications were approved for the positions of SY3, Administrative Assistant, and Manpower Officer III (Employment Training Co-ordinator). As a result, Ruth MacFadyen was promoted from Team I Secretary to Administrative Assistant to the Director, Anne Drake from Administrative Assistant to Planning Assistant, and Carl Cooper from Manpower Officer III to Manpower Officer IV.

And finally, a temporary secretarial position became classified at a SY IV level. This was filled by Bev Blue, formerly of the Health Branch, and made a part of Team I, the Research, Evaluation, and Development Team.

These changes have helped to solidify the structure and operating strength of the Division.

Major Results

(1) Community Services to the Elderly

This program, which had been approved in late 1980-81, got officially underway in June, 1981, with the appointment of Anju Joshi as Planning Officer. As first steps, a program planning framework was established and a consultative process was developed as a means of maximizing involvement from the many and various interested individuals and organizations.

In the fall, an orientation seminar was held for members and potential members of the three levels in program planning — the Working Group, the four Regional Action Groups, and the Provincial Steering Committee — to outline the program's objectives and the proposed roles for the participants, and to familiarize them with issues in aging.

A highly successful public meeting was held in the early winter, at which senior citizens were presented a summary of the findings of the Needs of the Aged Study, an overview of the approach to development of Community Services, and an opportunity to express ideas, interests, and concerns.

By the end of 1981-82, Regional Action Groups were enthusiastically identifying needs, priorities, and resources in their communities; position descriptions were developed for Community Intake Workers, and the program was preparing for transfer to the Division of Services to the Aging.

(2) Audiology

Full-time Audiology Services continued to be provided to P.E.I. residents during the past year.

Weekly regional clinics were maintained in Charlottetown and Summerside with monthly clinics in O'Leary, Souris and Montague. Audiology services were provided to clients of all ages, with 154 clinic days held.

Conductive hearing loss clinics were also established to help minimize the current waiting list. The demand for Audiology services continues to increase and it is anticipated that this demand will continue.

During the year, an Early Detection of Hearing Loss Program was implemented to screen all newborns in P.E.I. Hospitals. In addition, dispension of hearing aids for clients of the Department was contracted to Audio Consultants of P.E.I.

In March, 1982, the Audiology Clinic in Charlottetown was relocated from the Provincial Administrative Building Complex in Charlottetown to its permanent clinic site in the Queen Elizabeth Hospital.

(3) Rehabilitation/Retardation Services Planning

Following submission of the CAMR Task Force Report in 1980-81, the development of services to the mentally retarded became a higher priority in 1981-82. Divisional staff forged new and very positive working relationships with the Provincial CAMR and with the Community Association for Residential Services, and began joint planning with these groups toward expansion of both Departmental resources and community services for the mentally retarded.

A highlight of the year was the approval of the Residential Services Funding Policy, a document which lays the foundation for the delivery of high quality community residential/developmental services by non-profit organizations.

Prince Edward Island was the site of the annual conference of the Canadian Council of Rehabilitation Workshops, and Special Services staff played a role in organizing and supporting this event.

Staff of the Special Services Rehabilitation Services Team conducted, on their own initiative, a study of wheelchair accessibility to the Provincial Administrative Buildings Complex. As a result, the Department of Public Works has undertaken some renovations to improve accessibility.

In early 1981-82, Special Services negotiated a Purchase-of-Service agreement with the Canadian Paraplegic Association for the provision of rehabilitation counselling services to those suffering spinal cord injury. The Rehabilitation Program Development Specialist has served as a liaison/resource person to the counsellor, and all parties are satisfied with the service and the arrangements for its provision.

(4) Welfare Assistance

Program support in this area included development of a comprehensive "rate table" summarizing rates, policies, regulations, and budget information for all the components of the Welfare Assistance program.

For the first time, a formal attempt was made to regularize the basis for Welfare Assistance forecasting and budgeting, and to organize an annual presentation of Regulation and Policy changes to the Welfare Assistance Program. Although considerable work remains before these program planning approaches will become systematized, a good deal of progress was made.

Finally, Special Services staff provided research support to the Deputy Minister and Minister on a variety of welfare issues, including a general presentation to caucus on the Welfare Assistance Program, and a joint presentation (with the Department to Labour) to the Inter-governmental Affairs Committee on labour market issues and priorities.

(5) Management Information System Development

1981-82 was the last of seven consecutive years in which the Information Systems Development Branch of Health and Welfare Canada granted Prince Edward Island Social Services funds toward information system improvement. Three separate projects were carried out under this year's grant; they were: 1) the creation of an Auxiliary Data Base for the Audiology Program, 2) the creation of a Data Base for information related to Day Care licensing, and 3) a post-implementation review of the Social Services MIS which was developed between 1977 and 1980.

The first two projects have not only simplified data storage and retrieval for the two programs involved, but will also enable the relatively easy creation of future such system components through documentation of the procedures required to develop them. The third project will assess the finished system against the objectives of the redesign - redevelopment project.

(6) Community Support

Staff of the Division were quite heavily involved in serving as resources to a variety of community-oriented activities. These include: a series of seminars with CAMR on services to the mentally retarded, a Community Schools program on Early Childhood Development, a series of workshops on issues in Day Care, the annual Health Fair, Playfairs, development of a funding proposal and staff support for a mobile family resource centre to be operated by a voluntary board, an "English as a Second Language" program, University lectures in Nutrition and Speech Pathology, introduction of resource materials into schools and day care centres, and assistance in launching a second "Senior Chef" television series.

(7) **Evaluation**

This year saw an increase in the number of evaluations conducted by Special Services. This increase can be attributed to the Division's attempt to more routinely assess programs of agencies funded by the Department by means of the "Program Audit".

Evaluations completed during 1981-82 were on the Pre-natal Nutrition Counselling Service (an on-going evaluation), Brecken House, Sherwood Home, SAW Industries, the Southern Kings Group Home Association, the Community Association for Residential Services, the New Life Bus Service, the CAMR In-Home Training Project, the Social Support Project, the Region I Speech Therapy Volunteer Program, and the Amalgamation of Field Services Operations in Kings County.

(8) **Miscellaneous**

As in years past, there has been a variety of "ad hoc" and on-going assignments carried by Special Services.

We revised the Social Services Quarterly Statistical Bulletin in accordance with user responses to a questionnaire evaluation of its value.

Specialist Co-ordinators in Nutrition, Speech and Early Childhood Development developed a number of resource materials for field staff, parents, teachers, Day Care operators, and public health professionals.

We continued to increase expertise in the negotiation and administration of service contracts with external service delivery organizations, and in the understanding and resolution of cost-sharing issues.

We were involved in special projects such as the development of a Fire Procedures Manual for Beach Grove Home, a study of Field Services Division staffing issues and needs, provision of information for the Federal-Provincial Task Groups on proposed Young Offenders Legislation and CAP/VRDP cost-sharing revisions, the study of Community Care Facilities, and the implementation of the new Family and Child Services legislation.

We also formally assumed an "Information Officer" role, and began responding to requests for program, service, and system information, developing Press Releases, and submitting articles to professional journals and newsletters.

Conclusion

When this Division was established in 1977, one of its functions was to promote and monitor organizational and management effectiveness and efficiency. The workload assignment and monitoring mechanism developed during the initial three years have been successfully maintained and disciplines developed around them. It is a credit to the staff's ability to accept systematic approaches to work management that the Division is able to continue to carry out its volume and variety of assignments.

FINANCE AND ADMINISTRATION DIVISION

Ralph G. Dumont, Director

The ending of the two deputy minister system within the Department removed the need to continue with many of the separate financial and administrative processes which had been in use. These processes were studied to determine which could readily be integrated or combined and which should not be changed. The complete estimates process was integrated during the year as were many other financial and administrative procedures.

The development and improvement of our Management Information System covering some of the former Social Services Branch programs has continued throughout the year. Several projects were completed, especially in the area of auxiliary data bases. This had improved our ability to process data and provide program information more accurately and efficiently. The possibility of expanding this information system to include some former Health Branch programs is under consideration. Improvements have also been made in the Welfare Accounting System to enable easier rate changes and to ensure more timely cheque distribution. Two members of the Division participated in the first Federal-Provincial MIS Conference in Quebec City which included their giving an on-line demonstration of the capabilities of our system to participants from across Canada.

The responsibility for overall accommodation management and for dealing with Public Works on accommodation matters was formally assigned to the Division by the Deputy Minister. This is primarily a coordinating responsibility, with individual managers usually handling the details where only one section or division is involved in a particular problem or adjustment. The establishment of a formal Department-wide Equipment Inventory Control System was initiated during the year, and a count of all office equipment was undertaken. It is now being expanded into other types of equipment. The records management activity was again improved. The O'Leary Regional Office of the Field Services Division was supplied with new client filing equipment, and the process of transferring old client files from the Departments' dead storage to the Provincial Archivist was reactivated. The word processing capabilities of the Division were improved and the output of this unit has increased significantly.

Several problems with our back-log of unsettled Federal-Provincial cost-sharing claims were resolved during the year and an official was assigned to work on final cost-sharing claims on a full-time basis.

Very little staff turnover occurred during the year. One clerk in the Welfare Accounts Office was given an eight month acting promotion into the Charlottetown Regional Office Processing Section. This is part of an inter-office exchange plan to improve understanding of the work of other sections.

The process of integration of the financial and administrative services of the two former departments was made much easier by the excellent cooperation of senior management and by the dedication and hard work of staff of the Division.

EMERGENCY WELFARE SERVICES

J. Donald Seaman, Director

The authority for organizing and providing Emergency Welfare Services within the province is derived from the Emergency Measures and Disasters Act (1959). Our aim is the organization of such services as will meet the essential survival needs of people following a disaster and to provide temporary rehabilitation assistance until regular predisaster welfare services resume operation or until other plans and programs come into operation. In addition, we are responsible for emergency services to holiday visitors from mid June to Labour Day weekend.

This past year the increase in the number of Emergency Welfare planning courses held at the Federal Study Center at Arnprior, Ontario, has allowed 21 staff personnel to attend.

The very serious situation last winter in West Prince has realistically proven the needs for emergency planning.

Emergency Welfare Plans will be completed this summer in the O'Leary and Montague Regions.

WELFARE ASSISTANCE APPEALS BOARD

Mr. George Cheverie, Chairman

In accordance with Regulation 44 of the Welfare Assistance Regulations, I am pleased to submit the Annual Report on the operations of the Board for the year ending 31 March, 1982.

During the past year the Board conducted 36 sittings, in which 39 appeals were received. This was a decrease of 7 cases over the previous 12 month period. Of these, 16 cases were allowed and 23 were denied. The Board considers that this ratio of allowed to denied appeals is significant and sufficient justification for the existence of an appeals system in the administration of social services.

In early December, 1981, the Chairman of the Appeals Board attended a National Seminar held in Ottawa. This seminar was attended by Appeals Board Chairman and others involved in the appeals system, from all Provinces and Territories. Many problems experienced by Appeals Boards were discussed, and a valuable learning experiences was provided through discussion and documentation by the participants.

In June, 1981, under the auspices of your predecessor, Hon. James Lee, the members of this Board met in a training seminar, together with senior members of your staff. The main purpose of the seminar was to provide an introductory level of training to newly-appointed board members, in the Regulations, and Procedures governing the operations of the appeals system, and to provide an opportunity to both staff and board members to exchange ideas and suggestions designed to improve the appeals system.

The Board wishes to again comment on the high degree of courtesy and cooperation extended to us by the staff in all regional offices and the Department headquarters at all levels.

APPENDIX **DEPARTMENT OF HEALTH AND SOCIAL SERVICES**

SUMMARY OF REVENUE AND EXPENDITURE

For the Period April 1, 1981 to March 31, 1982

	Revenue	Expenditures
Departmental Management	$16,424,400	$ 1,186,400
Pharmacy	24,300	809,100
Oncology	-	141,300
Dental Public Health	43,800	1,582,700
Mental Health	328,700	5,835,200
Laboratories	2,010,800	1,972,000
Nursing	33,800	1,103,000
Community Hygiene	-	319,600
Sanatorium Complex	327,700	2,750,600
Vital Statistics	28,500	130,000
Resource & Evaluation	-	172,400
Special Services	43,800	1,330,900
Field Services	47,100	24,223,700
Home Care	6,900	860,600
Services to the Aging	2,796,200	10,297,700
Group Homes	1,500	745,100
TOTAL	$22,117,500	$53,460,300